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# MEDICINE AND SURGERY.

MAY, 1852.

ART. I.—*Vital Statistics of Christian County, Ky.* By W. A. EDMONDS, M. D., of Hopkinsville, Ky.

The county of Christian originally embraced a large scope of country in the south-western part of Kentucky, which has since been divided and subdivided into a number of new counties. The first settlement within the present limits of the county was made in the neighborhood of Hopkinsville, in the year 1792 or 1793. Christian ranks among the first counties in the southern part of the State, in point of population and for the intelligence and moral respectability of its inhabitants, as well as for its natural and especially its agricultural resources. The county is naturally divided into a northern and southern portion by a line running from east to west through its

entire width. The face of the country in the southern part is mostly very level, but in places is gently undulating. The soil is a deep black, rich loam, smartly interspersed with sand, lying on a foundation of deep red clay, with a substratum of mountain lime-stone at an average of about 12 feet from the surface. This portion of the county is favorable to the production of Indian corn, tobacco, rye, wheat, oats, and clover; but little has been done in the culture of hemp. This part of the county is naturally not well watered, owing to the cavernous character of the lime-stone; but the enterprise of our farmers in the formation of ponds, and digging wells and cisterns, has done much to remedy this deficiency.

The northern part of the county is less adapted to agriculture, being broken and uneven, and in places is characterized by steep bluffs and rugged ledges of lime-stone; but it abounds in magnificent forests, stone-coal, game, fish and fruit. It is abundantly provided with excellent water by the various springs that issue from its bluffs and hill-sides.

The primitive log cabin, with its wooden chimney, is rapidly giving way to the more commodious and tasteful mansion of brick or frame-work. Much attention is being given to education and the dissemination of christianity. Almost every neighborhood has its church and school-house. The value of church property by the census was $54,200, and the churches it was computed would accommodate 12,275 persons. There are three newspapers in the county, all published at Hopkinsville, and well sustained. There are several well-selected and respectable private libraries in the county, but I have no means of ascertaining the number of volumes.

The county has 10 divisions of the Sons of Temperance and a temple of honor, with an aggregate of 436 paying members. The Odd Fellows have 2 lodges and about 100 members. The Free Masons number 191.

The second Kentucky Lunatic Asylum is located within two miles of Hopkinsville, on the Lexington road, and is designed to accommodate, when completed, 300 inmates. Its architectural style and arrangement are both in the best taste and highly judicious; and when finished the edifice will be the most splendid in the State. It will constitute a lasting monument to the enlightened benevolence of the State, in behalf of a most afflicted and unfortunate class of her citizens. It was commenced in 1848, and is expected to be ready for a small number of patients by the end of the present year.

The county is provided with a public Poor-house for the accommodation of paupers; but such is the happy and prosperous condition of our population, that application for such assistance is seldom made, and when made is usually on account of great age or serious afflictions. According to the last census there were but six paupers in the county.

Disease in an endemic or sporadic form frequently prevails, but the county has rarely been visited by an epidemic. Sporadic cases of cholera in hot weather sometimes occur, but no epidemic of that disease has ever visited the county.

Hopkinsville, the seat of justice, is located near the middle of the county, in a healthy and fertile region, and at a point to command all its peculiar productions and resources. It has a city charter with the usual police and corporate regulations and privileges. It has many excellent private residences, a neat and tasteful Court-house, and in the number and elegance of its edifices for public worship, is probably not excelled by any town of its size in the west.

By the census of 1850 there were in the county

| | |
|---|---|
| White inhabitants, - - - | 11,462 |
| Slaves, - - - - - | 8,238 |
| Total, - - - - - | 19,700 |

The estimate of white inhabitants includes the few free negroes in the county—there being no convenient mode in the arrangement of the census report for making the distinction. The white females were in proportion of $18\frac{13}{20}$ to $21\frac{7}{20}$ males. The females in the black population were in the proportion of 22 to 18 males. The difference in ratio of the sex among the two races is probably owing to the exportation of negro men to the southern states, rather than to any relative difference of longevity in the two races. The average age of the whites was 21-89 years; that of the slaves 18.63 years.

The following is a table of marriages for the last six years, up to 1st January, 1852:

TABLE OF MARRIAGES.

| | 1846. | 1847. | 1848. | 1849. | 1850. | 1851. | AVERAGE. |
|---|---|---|---|---|---|---|---|
| January, | 10 | 10 | 14 | 13 | 17 | 17 | 13.50 |
| February, | 7 | 11 | 13 | 10 | 4 | 6 | 8.50 |
| March, | 6 | 9 | 10 | 5 | 9 | 5 | 7.33 |
| April, | 3 | 4 | 3 | 5 | 5 | 2 | 8.66 |
| May, | 4 | 3 | 2 | 5 | 4 | 3 | 3.5 |
| June, | 8 | 8 | 5 | 7 | 6 | 2 | 6. |
| July, | 7 | 3 | 1 | 9 | 9 | 9 | 6.33 |
| August, | 5 | 7 | 6 | 5 | 3 | 9 | 5.83 |
| September, | 11 | 11 | 8 | 9 | 4 | 4 | 7.83 |
| October, | 11 | 7 | 14 | 10 | 5 | 5 | 7. |
| November, | 13 | 8 | 10 | 7 | 4 | 10 | 8.66 |
| December, | 12 | 11 | 6 | 13 | 14 | 11 | 12.83 |
| Total, | 97 | 92 | 92 | 98 | 84 | 83 | |

The deaths for the year ending 1st January, 1850, were 970—135 males and 136 females; 143 of the number were slaves. The following table shows the mortality for each month during that year:

| 1850. | DEATHS. | 1850. | DEATHS |
|---|---|---|---|
| January, | 29 | July, | 23 |
| February, | 22 | August, | 33 |
| March, | 29 | September, | 24 |
| April, | 24 | October, | 17 |
| May, | 23 | November, | 12 |
| June, | 18 | December, | 14 |
| | 145 | | 123 |
| | | | 145 |
| Total, | | | 270 |

The average age at which death occurred, was 12.84 years. The following is an exhibit of mortality for each decade of life:

| | | | | |
|---|---|---|---|---|
| Under | 1 | year of age, | | 56 |
| Over | 1 | and under | 10 years, | 65 |
| " | 10 | " 20 | " | 38 |
| " | 20 | " 30 | " | 33 |
| " | 30 | " 40 | " | 23 |
| " | 40 | " 50 | " | 17 |
| " | 50 | 60 | " | 10 |
| " | 60 | " 70 | " | 17 |
| " | 70 | " 80 | " | 7 |
| " | 80 | " 90 | " | 2 |
| " | 90 | " 100 | " | 0 |
| " | 100 | " 110 | " | 0 |
| " | 110 | " 120 | " | 0 |
| " | 120 | " 130 | " | 1 |
| Total, | | | | 270 |

The greatest age attained by any individual appears from the census to have been 125 years; and this was a negro woman.

From my personal recollections and my examination of the census, I am induced to believe that but little confidence is to be placed in the census reports as to the character of disease from which the deaths reported took

place. This remark is not intended to reflect upon the gentleman who took the census, but the fact is attributed to the negligence or incompetency of those who reported the deaths and their causes. According to the report, of the 270 deaths, 55 were from typhoid fever; 19 from consumption; 11 from croup; 9 from pneumonia; and 46 from causes unknown. The remainder were about equally divided between the various affections which are common to every portion of the state. The average duration of the typhoid fever cases, was 18 days. This disease has been the prevailing disease of the country for the last few years, and seems to have taken the place of our intermittent and remittent forms of fever. It is confined to no particular month, locality, sex, or condition, or period of life, except that infancy seems to be exempt from the disease. It is usually complicated with affections of the lungs, bowels, or brain; but is rarely attended with any eruptive appearances.

There are 33 practitioners of medicine in the county. Of these, 25 practice as regular physicians; the other 8 are Homœopathists, Steamers, Eclectics, Indian doctors, &c. There is no medical society in the county. The rate of charges agreed upon by the faculty is fair and remunerative, and, in the main, is adhered to. It is held to be unprofessional to attend families by the year, and I believe that, with a few individual exceptions, the obligation not to do so is scrupulously maintained.

Hopkinsville, Ky., March 30th, 1852.

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Art. II.—An Inquiry into the Nature of the Disease called Milk-sickness. By L. P. Yandell, M. D.

Since an early period in the history of the Western States a disease of a fatal character has been frequently described as occurring, from time to time, in particular

localities. The subject has excited deep interest, and large rewards have been offered by several of the states for the discovery of the poison which produces the disease. A great many papers have been written concerning it, but up to the present hour, it is safe to affirm, no progress has been made towards the detection of the cause, and it has at length become a grave question with many, *whether there be such a disease as "Milk-sickness."* I confess that I am of the number of those who have been forced to doubt whether the disease described as Milk-sickness has any connection with poisoned milk, or the flesh of poisoned animals. One of my earliest public efforts was an essay on Milk-sickness, and since that time I have had occasion to read many curious speculations as to the cause of the malady. No one could have been more fully persuaded of the reality of the affection than I was when I wrote; but that confidence has been seriously shaken by the contradictory testimony since elicited in the discussion of the subject. I propose now to submit an analysis of so much of that testimony as can be given within convenient limits.

*Topography.*—Milk-sickness is reported to be an endemic of Ohio, Indiana, Illinois, Kentucky, Tennessee, Alabama, Mississippi, North Carolina, Georgia, and perhaps one or two other States. We will look, first, at what has been said about the physical aspect of the countries in which it occurs, and my first quotations will be from the inaugural dissertations of two of the recent graduates of the University of Louisville—Dr. Smydth and Dr. Armstrong, of Indiana. The former gentleman says: "Some who have written on this subject appear to be of opinion that Milk-sickness is a disease almost wholly confined to mountainous regions; but according to my observation it often prevails in level countries. The face of the country in that part of Indiana where it is most prevalent, is marked by ranges of hills, valleys, and plains, and I have met with cases of it in the latter. The soil for the most

part is a loam, but in some places is composed chiefly of sand. Lime-stone is scarce where the disease prevails, the strata consisting of sand-stone, intermixed with coal and iron ore."

Dr. Armstrong says: "All modern writers agree, I believe, concerning the physical aspect of the country where Milk-sickness is found. It is generally hilly, the underlying rock being a sand-stone or black slate."

Dr. Seaton, in a pamphlet on this subject published eleven years since, says that "pure lime-stone regions are exempt" from the disease, and that "while it may prevail where the formation is a mixed one of lime-stone and sand-stone, the pure sand-stone formation connected with the ores of metals, is the distinguishing geological feature of those regions where the disease is most abundant."

Hartsville, around which Milk-sickness has been known for half a century, is in the midst of one of the most fertile regions in the world. The formation is lime-stone, of the age of that which underlies the country about Lexington and Cincinnati; but the "*Mill Stone Knob*" whence the poison is supposed to be derived corresponds to the Silver creek hills, near Louisville, and is composed of black slate and sand-stone, chiefly the latter. It rises to an altitude of about 300 feet, and its summit is still covered with cane. It is on the sides of this knob that cattle are believed by the people to find the poison, but instances are related in which animals confined to pastures several miles remote from the knob, in the rich blue-grass lands below, have contracted it and died.

In North Carolina, the disease prevails, according to Dr. McCall, "on the lowlands of Yadkin river," as it prevails among the slashes of Mad river in Ohio. In Tennessee, it is met with either on mountains or hills, or in the valleys beneath, but when it occurs in the latter places it is generally ascribed by the people to a poison contracted by their cattle on the high lands. The legislature of Ten-

nessee passed an act, in the year 1821, requiring fences to be made around certain coves of the Cumberland mountain, in Franklin county, "to prevent animals," as the act reads, "from eating an unknown vegetable, thereby imparting to their milk and flesh qualities highly deleterious." The barrier erected according to the provisions of this act was twelve or fifteen miles long.* The principal other localities of Milk-sickness in Tennessee are of the same physical character. They are ranges of hills, or valleys amid the mountains; but whether the disease originates on the elevated lands or in the valleys is a question not decided. Smith and Bedford counties, in which it is occasionally met with, are both broken. Some of the other points spoken of in connection with the disease are the Sequachee valley, and the valleys along a few of the tributaries of French Broad, Clinch, and Emory rivers. In Monroe and Blount, both mountainous counties, some of the farmers profess to have determined the limits of the poison. Says Dr. Shelton, referring to the former county, "there is a locality embracing not more than ten or fifteen acres, on which the disease has been known to originate for nearly, perhaps quite, forty years." He mentions a similar limited district in Monroe county, and goes on to say; "A third site occurs on the Chattahoochee river, in Georgia. It is an elevated piece of bottom land, containing scarcely more than five acres, shut in by the river, and by bluffs on every side."†

Dr. Drake, in the fall of 1840, visited one of the districts in Ohio "which has long had the reputation of being greatly affected with trembles, milk-sickness," &c., and gives the following description of its topography:

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*McCall, Western Jour. Med. and Phys. Sci. Vol. 3.
†Transylvania Journal, Vol. IX.

"The surface of this portion of the district is so flat and level as to constitute it a table land. The streams which flow from it towards the Scioto, the Little Miami and Mad river, have channels so little inclined, that when low, the water almost stagnates, while from the same cause when high, they overflow their banks. After lagging for a time in these nearly horizontal beds, they approach the deeply cut channels of the Scioto and Little Miami, when their currents acquire greater velocity, and before they reach their destination, several of them present rapids, some even cataracts. In proportion as this occurs, the diseases we are investigating diminish in frequency, so that in the actual vallies of the two principal rivers, they are seldom met with. In fact they may be said to be limited to the table land. Confining our attention at present to it, we may note several varieties of surface. 1st. Prairies, which are the beds of shallow lakes or ponds, which have been gradually filled up, and the greater part or the whole of the water evaporated. 2d. A kind of maple swamps, or wet wood lands adjoining to the prairies, and nearly or quite on the same level with them. 3d. Barrens, also contiguous to the prairies, but generally a little elevated above them, with a poorer and dryer soil, presenting the remains of an oak forest, which had been thinned out by fire from the prairies. 4th. Heavily timbered oak lands, nearly on the same level with the last. 5th. Scattered through these oak lands, small wet places and shallow ponds, called by the people "slashes."* Of that kind of rolling, dry and fertile surface, which is presented by the central and north-eastern counties of Kentucky there is none." Dr. Drake continues: "In our exploration of the district, whenever we traversed the

*This is probably a corruption of slush, itself, a corruption of sludge. Being in universal use in the district, we shall adopt it into this memoir.

prairies and adjoining flats, or barrens, or hill lands near the rivers, we could not meet with a single person, who had known the disease to occur, in those situations; on the other hand, whenever we came into or near the oak plateaus, every body, not only admitted its existence there, but equally admitted, that as far as he knew or had heard, the other varieties of surface did not produce it. Thus giving testimony against the salubrity of his own lands, and thereby affording satisfactory evidence of his sincerity. On the question, whether the cause is connected with the oak lands themselves, or the elm slashes which they embosom, we found some diversity of opinion, but a large majority fixed the mischief upon the latter, still further narrowing down the field of inquiry, if they should be correct."

From these extracts it must appear plain to all, that the reputed milk-sickness is not limited to any particular kind of country, but occurs in valleys, and on mountains, and hill-sides; on wet plains and dry ridges; and amid every geological formation, from the oldest lime-stone up to the coal series.

*Season.*—Let us next turn to see whether the testimony respecting the season of its prevalence is more concurrent. If the cause be a vegetable, the disease should prevail during the season of vegetation. If a mineral, it might appear at any season; and if it be a disorder induced by various causes, then it would appear whenever they were in operation. On this point Dr. Smydth observes: "The season at which milk-sickness most prevails is the autumn, after vegetation has been killed by the frost; and it has been observed to be more prevalent during dry seasons, when the streams are very low. In fact, I do not remember to have seen a case of it when the streams were flush. If it is ever seen in spring or summer, it is a rare occurrence. Sometimes we see nothing of it for two or three years, owing, no doubt, to the

fact that the waters are kept flush by rains; but if an unusually dry season occur, the complaint is apt to prevail to a considerable extent."

The testimony of Dr. Armstrong is to the same effect. "We know," says he, "that the disease is more prevalent during a dry than a damp season of the year."

Dr. Seaton, who investigated this subject with much zeal in 1841, says, the people in the milk-sick regions "all united in declaring, that in very wet or rainy weather, they had but few cases of milk-sickness, either in persons or stock, but that during very dry weather, they suffer, winter as well as summer; and that when light rains succeeded to dry weather, it was always most abundant, until it was arrested by one good sweeping rain; which never failed to stop it forthwith." He adds: "In this section of Indiana, the milk-sickness is always feared in dry weather; but it is fearfully prevalent when small rains succeed a drought, and is arrested as soon as the earth's surface is well swept, or washed by a heavy rain."*

Dr. Sharp says: "It occurs at any season of the year, but is most common during the months of March, April, May, September, October, and November."†

According to the testimony of those who had observed the malady on the Miami river, Dr. Drake reports, that "it sometimes commences in July or before, but oftener in August, and continues till the approach of winter, when it generally but not always subsides."‡

When investigating this subject many years ago, the writer was assured by a number of those who were familiar with the disease as it prevailed on Goose creek, near Hartsville, Tenn., that it appeared about the latter part of May, and was most fatal early in June. The ex-

*Treatise on milk-sickness. By John S. Seaton, M. D.
†Western Jour. Med. and Phys. Sciences, Vol. 3.
‡Western Jour. Med. and Surg. Vol. 3.

perience of Dr. Thompson, however, was different; he says, "the season of the year at which the disease is most prevalent, is the fall, after vegetation has been mostly killed; about the time of white frosts, and from that time till the cold of winter becomes constant. The next worst time is about the appearance of vegetation in the spring; though cattle sometimes suffer if the winter is mild, after unusually warm spells, in December, January, and February."*

Of six cases related by Dr. Sharp, two occurred in July, two in May, and one on the 26th of April. The date of the sixth, which was chronic, is not given.

Dr. White says: "The disease is most severe during the dryest season of the year, be that early or late. In a wet season, such as the last, we see but little of it. But one case occurred within our knowledge in the course of last summer, which was brought on by eating dried beef, that had been slaughtered the preceding fall."†

Dr. M. L. Dixon published an essay on the subject of Milk-sickness in the Transylvania Journal of Medicine,‡ in which he remarks, that in his practice about Winchester, Tenn., he had seen much of the disease. After stating that the places in which it appears are "low, fertile, marshy districts, as in the deep, rich valleys among mountains, or near the margins of rivers and creeks," he goes on to say, that the affection "is most prevalent from May until November, in all which season," he continues, "I have seen numerous cases. During very mild seasons," he adds, "when vegetables continue verdant throughout the autumnal months, the case may be different; but I have no reason to believe that any case ever arises after winter has fairly set in. If the complaint is developed in mid-winter, it is most probable," he thinks, "that the

*Transylvania Jour. Med. Vol. I.
†Vol. IX.
‡Vol. VI.

seeds of it were sown during the season of vegetation;" for according to Dr. Dixon as well as some other writers on Milk-sickness, "it is one of the peculiarities" of this anomalous disorder, "that the poison occasionally lies long dormant in the system, and only becomes active when excited by some indiscretion, or violent bodily exertion."

It would be unprofitable to adduce more testimony on this head. Nothing could be more variant than the experience of the different observers; nor can it fail to strike any one who reads attentively the various accounts of Milk-sickness, that each writer is insensibly biased by his prepossessions as to the cause of the complaint. Those who attribute it to a vegetable poison are anxious to find that it does not prevail after the frosts have put a stop to vegetation; whilst the advocates of a mineral poison insist, that it is independent of the seasons; and all are compelled to admit that, because the weather is mild, or for some other reason, cases do occasionally occur in mid-winter.

*Cause.*—We will now turn to the cause, and, as on the other points, quote from the various writers who have had experience in Milk-sickness. As far as I have been able to inquire, all who have recorded their observations on this subject ascribe the disease to a vegetable or a mineral poison, and the writers are about equally divided between the two theories.

Dr. Smydth is clear, that the cause of the disease in cattle, which originates Milk-sickness in the human subject, is one of the mineral poisons. He thinks that it may be arsenic, cobalt, zinc, or lead, and that streams of water running through it may thereby become impregnated to such an extent, as to produce its specific action upon the animals that drink it. Dr. Armstrong, Dr. Seaton, Dr. White, Dr. Shelton, and some others, incline to the same view. Dr. Smydth relates the following instances to show that the complaint cannot originate in a vegetable

poison: "A gentleman living near Bloomfield had a blue-grass pasture containing about five acres, upon which no vegetation but the grass was to be seen growing. The pasture was enclosed in a good fence; a small stream of water ran through it. A horse and two or three milch-cows grazed upon the pasture. During a very dry autumn, a few years since, the owner was attacked with Milk-sickness, and while he was sufferiug with the disease one of the cows was seized with the "trembles" and died. A dog having eaten of the flesh of the cow was also attacked with "trembles" and died. The horse was affected about the same time in a similar manner, but recovered.

"Mr. B., living in the same neighborhood, had occasionally experienced Milk-sickness in his family, and his wife had fallen a victim to the complaint. Several of his cows and other domestic animals died of trembles. Suspecting that a spring from which he had been in the habit of using water might be the cause of his troubles, he removed his dwelling a short distance to the neighborhood of another spring, and had the former one enclosed in a fence so as to keep his live stock away from it. Several years have now elapsed since the change was made, and no more cases have occurred in his family or among his cattle."

Dr. Armstrong mentions the following instance as confirmatory of the same position: "In the county of Martin, Indiana, a farmer who had lost several domestic animals and one member of his family with the disease, purchased a cow in an adjoining county where Milk-sickness was not known. She was turned into a naked lot and fed upon Indian corn meal. There was a spring of water in the lot from which the cow obtained drink; but there was no green vegetable growing in the lot. In the confidence that she could not get any poison, the family used her milk freely. Not long after she was confined in this lot, it

was observed that she walked sluggishly, and began to tremble when forced to move. About this time, one of the family, a daughter, was seized with Milk-sickness and died. The cow also died shortly after."

Dr. Armstrong proceeds to relate, that a physician, who attended the case just recited, found a suspicious looking stone in the bottom of the spring in the lot, and that, taking it with him home and exposing it to the air, he found, after a few weeks, that it had "crumbled into a grayish powder." Many cases, he continues, might be cited, in which cows feeding upon blue-grass pastures destitute of all other kinds of vegetation, have become afflicted with the trembles and died. In all such cases, he thinks, minerals similar to the one just spoken of, are to be found in the neighborhood of the streams affording water to the cattle.

Dr. Seaton remarks: "In Lawrence county, on the waters of Beaver creek, one of the tributaries of East White river, I made the most of my observations. I found the whole earth there to be full of the different specimens of iron ore, combined with the hard, bastard limestone, yellow and red sandstone, indurated clay or "soapstone," some shale or slate, blue clay, stonecoal, &c. We were informed by several gentlemen residing there, that lead ore had been found by different persons, also, on the surface of the earth. But the iron ore is abundant, the Milk-sickness equally plenty, and numerous plantations are entirely depopulated, many having died of the Milk-sickness, while others, after having lost more or less out of their families by this ailment, moved away, leaving their landed possessions in that section, free to any who may wish to occupy them.

"The unanimous belief in that section is, that the disease is caused by some mineral substance; and I think it impossible for any man to pass through that region, and arrive at any other opinion. The people speak of the

poison springs there, as familiarly as we do of any other known subject. We visited many springs that had been fenced in or abandoned, and nearly all of them, we found the white pyrites in abundance."

Dr. Sharp says,* that in the neghborhood of Hartsville, Tenn., where Milk-sickness has been endemic since the early settlement of the country, "there has never been an instance of the complaint in any species of live stock while they are confined to an old well-cultivated pasture; nor have any persons ever been affected by using the milk or flesh of cattle thus pastured. "But," he adds, "I have seen the disease make its appearance in families shortly after adding a piece of woodland to their pastures, and disappear on separating the timbered land from the old fields."

From all that I could gather, in 1828, from those who had resided in the milk-sick region, on Goose creek, I felt authorised to draw the following picture:

"The cattle of one family are permitted to frequent the woods; they return home at night, apparently in health, it may be; the members of the family partake of the milk, and are soon attacked with sickness of stomach, vomiting, and other symptoms of gastric derangement, and perhaps some individual of it perishes. The calf, meanwhile, is taken with trembling, violent thirst, and rigidity of the extremities, of which it dies. The cow, all the time, which imparted the disease may be, to all appearance, in good health—an appearance which severe exercise, or simply retaining her milk, shews to be delusive. In returning home some of the cattle have perhaps died at the first stream on their way after drinking copiously; whilst others, scarcely able to reach home, manifest unequivocal symptoms of disease, teaching the family to beware of their milk.

*Western Jour. of the Med. and Phys. Sciences, Vol. III.

'While this is going on in one family, another, living in the same neighborhood, inhaling the same atmosphere, drinking the same water, and faring upon the same diet, but with the precaution of confining their cattle to cultivated pastures, remains healthy. This was a circumstance of every day occurrence in the early times of Goose creek, when the inhabitants were more in the habit, than at the present day, of permitting their milch-cows to wander abroad. It is a fact of perfect notoriety, that persons living in the neighborhood where the poison prevails may indulge in the use of milk, butter, and fresh meat, and yet remain free from disease, provided the cattle be enclosed in clover, or other grass pastures. But if they be suffered to run at will, or even if the pasture-ground be enlarged by taking in more woodland, disease, and death, often, are the consequence. Upon again excluding the woodland, which contained the poison, and confining the cows to the soil set with grass, health may be, as in many such instances it has been, again restored. Dr. Thompson's letter to me furnishes a case directly in point. 'Robert M'Neely, his wife, and four children died within a week, under circumstances which left no doubt on the minds of any, that their death was the result of using poisoned milk. He had lived a number of years at the same place, and enjoyed good health, except that he was subject to attacks of humoral asthma. Having escaped so long he became careless, and during a busy season of hay-gathering his cattle got out, and were not attended to for several days. The first milk taken after their return from the woods produced all the mischief. The effect followed its use almost immediately. All the family died except the two youngest children—one an infant at the breast, and they were saved with difficulty.'"*

*Transylvania Jour. Med. Vol. I.

Dr. McCall states positively, that, on the Yadkin river, the disease "could always be eradicated by cultivating the soil."

Dr. Dixon says: "The cultivation of the soil has been known to eradicate the cause, which, if anything but a vegetable, it is not easy to understand." He adds: 'In many of the tracts of country in which the disease prevails, there are no evidences of any mineral substance whatever."

Dr. Winans, of Jamestown, Ohio, assured Dr. Drake, that the disease never prevails in that region "except in and near the heavily timbered oak lands; that it is not generated in the prairies, flats, barrens, or hills, and that *it ceases when the forest is cut down.*"

A farmer made the following statement to Dr. Drake:

"About twenty years ago, being a grazier, he purchased about one hundred head of cattle from his neighbors, and separated the younger and more infirm, to the number of about thirty, from the rest, and turned them into a new meadow, formed out of elm and maple slashes. Most of the trees had been felled, and the ground harrowed, but not plowed. The sown grass had taken root two years before. The remaining seventy, he placed on the opposite side of a narrow lane, in a wood-pasture, the surface of which was precisely of the kind which the meadow *had* been. The whole were salted at the same time, and watered from the same well. Nothing was fed to any of them. On a certain day, in salting them, they all seemed perfectly well in both fields; but the very next day, between thirty and forty, or about one half of those running in the woodland pasture, were found to have the trembles. He immediately turned all that remained well, into the meadow, where four or five of them afterwards sickened with the same disease. Those which were ill, he turned into a corn field, and fed them with unripe indian corn,

Nineteen of them died, while not an individual, originally placed in the meadow had the disease."

Dr. Drake infers from all the facts he was able to collect on the subject, "that clearing and cultivation, even girdling the trees, harrowing the ground and sowing it with grass seed, destroys or renders inactive the cause (of trembles) whatever it be;" that the disease in Ohio is much less prevalent than formerly; and that there has been a regular decrease of it, as the forest was transformed into arable land, and stock were kept within enclosed meadows."

Dr. Shelton affirms, that Milk-sickness "is generally met with in the immediate vicinity of mines," but admits that there are exceptions to this rule. "In most parts of Tennessee," according to his observation, "it prevails in the neighborhood of iron ore, which is mixed with a variety of other metals." He states that it is common near the Minor Breton lead mines, in Missouri; and adds, that "a point exists in Tennessee, at which several persons and many domestic animals have lost their lives from this poison. It is a tract of country surrounding some old lead mines, which were purchased at a high price by a company from Virginia, but abandoned on account of the difficulty of working the ore, owing, as it is supposed, to the presence of other metals." Dr. Shelton, however, admits that the disease ceases to appear if the pastures of the cattle be sown with clover.*

In proof of the mineral origin of the disease, Dr. White relates the following circumstances:

"A respectable farmer informed me, that his cattle had been in the habit of frequenting a pasture ground in company with his neighbor's, on the opposite side of a creek from him. In returning home, his cattle were obliged to

*Trans. Jour. Med. Vol. IX.

cross the creek. For many years not a case of the disease appeared among them, while his neighbor lost some forty or fifty head during that time. The animals of the latter did not cross the creek, but drank at another stream. Both herds ranged the same woods, and fed upon the same herbage. It is presumable, therefore, that the disorder was produced by the water; and in confirmation of this opinion, this individual farther stated to me, that suspecting a spring at which his cattle drank to be the origin of the evil, he set to work felling trees around it, so as to exclude his stock from it, and that afterwards they suffered no more with the disease for several years. At length, however, it recurred again, and on examinntion it was found, that the spring had become accessible from the decay of the timber. The enclosure being repaired, and the cattle shut out from the water, the disease a second time disappeared.

"Another farmer of respectability told me that a number of his sheep, kept upon a grass lot on account of wolves, had died with the symptoms of milk-sickness. During every season several had died for a series of years, until his flock was nearly destroyed. He at last began to suspect a dripping spring in the lot, as the source of the mischief, and accordingly took measures to secure the animals against it, whereupon the disease ceased. In this lot it is not probable that there existed any vegetable to which the affection could be attributed."*

What is to be made of these contradictory statements? Who will attempt to reconcile them? According to one report, cows confined to a bare lot and fed with corn meal, have contracted the disease and communicated it to whole families through their milk. According to others, the milk of cows in the very midst of the regions where the

*Transylvania Jour. Med. Vol. IX.

poison is supposed to abound may be used with safety, provided the animals be kept upon cultivated pastures. We have it upon the most unquestionable authority, that the disease has been contracted in localities where the stony strata are concealed by a deep alluvium and no minerals appear on the surface; and we are assured by others that it has originated where there were no vegetables to produce it. If we are to receive both observations as correct, then we must conclude that the complaint is independent alike of minerals and vegetables. If it is confined to no season, I can not help believing that the vegetable kingdom must be exonerated; and if it has been long endemic in districts barren of minerals, how are we to get over excusing the mineral kingdom?

At the same time, there are difficulties attending this view of the subject, as insurmountable ones certainly surround either of the hypotheses under discussion. The question still recurs—*what is Milk-sickness?* Upon what morbific agent do the symptoms, known as that affection in the human subject, and as "trembles" in the lower animals, depend? The phenomena must have a cause. The disease is an entity; greatly dreaded, indeed, and very formidable, in many places. To be convinced of the truth of this, one has only to read the foregoing extracts. Its victims among our species have been numerous, and vast numbers of our domestic animals have perished by it. What is it? It bears some resemblance to mineral poisoning, but it is a very imperfect resemblance; a thousand objections might be urged against its being an effect of arsenic, lead, or any known mineral. This is the most untenable of all the theories started on the subject. It will not bear the slightest examination. It wants every element of a plausible theory. And whether any known plant is capable of producing all the effects described as resulting from the unknown poison, the reader will be better able to judge after he has weighed what follows.

*Symptoms and Character.*—The first account of Milk-sickness anywhere published was given by Dr. Drake, in 1810, in his "Notices concerning Cincinnati." Dr. Barbee, of Virginia, returning from the Mad river country, in the spring of 1809, communicated to Dr. Drake some facts in respect to it, and from his description and the narrations of others who had experienced the disease in their own persons or in their families, he wrote the following notice of it:

"It almost invariably commences with general weakness and lassitude, which increase in the most gradual manner. About the same time, or soon after, a dull pain, or rather soreness, begins to affect the calves of the legs, occasionally extending up to the thighs. The appetite becomes rather impaired, and in some cases nearly suspended; sensations of a disagreeable kind affecting the stomach; upon taking a little food, however, a greater disposition for it is generated, and more agreeable feelings are introduced throughout the whole system. Intestinal constipation, in this, as in the subsequent periods of the disease, exists in a very high degree. A strong propensity to sleep occurs, and according to Dr. Barbee, the pulse is "full, frequent, round, and *somewhat* tense, but regular." During this stage, exercise of any kind is highly detrimental, and if persisted in, soon inducing loathing and nausea at the stomach. If the patient repose, upon first experiencing these symptoms, they generally cease, and he is allowed a longer exemption from the *vomiting* that awaits him. Sooner or later, however, that symptom almost invariably succeeds the predisposition we have described, and either proves fatal in one, two, three or more days, or leaves the patient in a most exhausted state, from which he recovers only to sustain, at no distant period, a repetition of the same attack.

"The matter ejected is sometimes bilious, but much oftener sour, and so acrid, that its action on the throat, in

one case, (which proved fatal) was likened to that of boiling water. Towards the close of mortal cases, it is occasionally very dark colored, so that it has been compared to that very convenient and fashionable object of similitude—coffee grounds. At this time the intestinal constipation is very great. Mr. Snodgrass knew one patient in whom it continued for nine days, throughout which he took no food whatever, and vomited during six of them. After such an attack, the propensity of it is destroyed, and an uncommon degree of watchfulness is produced. The patient remains languid, and his face and person generally become rather tumid. His skin is cool, palish, and frequently affected with clamminess. He has a disagreeable burning sensation in his stomach, and hot eructations are very troublesome. The thirst is considerable. The breath is peculiarly disgusting, even loathsome. The appetite is generally poor; and the inclination to costivness remains. These symptoms often continue for several months, during which the patient experiences frequent returns of the vomiting. But at length, more especially upon the approach of winter, they gradually wear away, leaving the patient considerably worse than they found him, and liable to a fresh attack the ensuing summer.

"Nothing like *regular* periodical exacerbations is observable in this disease; no chilliness occurs; the color of the skin and eyes does not deviate widely from that of health, and gives no striking indication of bile; there is no pain in the region of the liver, nor in the shoulder; it does not terminate in dropsy; nor are there any symptoms which bespeak it a disguised or anomalous intermittent. It however prevails (though not exclusively) in aguish situations, and intermitting diseases are thought to have declined since its appearance.

"It affects all ages, conditions, and both sexes, indiscriminately; except probably very young children. They however, are not wholly exempt from it. Emigrants are

not peculiarly liable to it. It was first observed in the summer of 1806, and is thonght annually to extend its geographical range, and to become more intense."

Dr. Sharp thus describes the symptoms presented by some cases which he treated in the neighborhood of Hartsville:

"A burning sensation in the stomach was first felt. It was moderate for a day or two, and not attended with any vomiting or pain. On the third day after their respective attacks, each complained of severe burning at the stomach, and vomited frequently. Obstinate constipation of the bowels attended both cases. The pulse was small, thready, and a little accelerated; and the heat of the extremities considerably below the common temperature. The tongue was tremulous and covered with white mucus. Restlessness and great anxiety prevailed in the early stage of the attack.

"A constant and ungovernable thirst was present; and when water was drunk it only served to allay the thirst for a few moments; being quickly ejected and the pain and vomiting increased. There was no pain in the region of the liver, the spine or the head.

"The stomach and bowels seemed to be the seat of the disease, and great prostration of strength soon followed. These pains with occasional hiccuping continued with unabated violence, for about twenty-four hours, from the time the vomiting commenced. The vomiting and pain then began to subside, and the hiccups became frequent. Inspiration was performed slowly and with much difficulty, and as the patients became less restless, and the anxiety abated, stupor began to prevail in the same ratio, till they became completely insensible."

All the writers who have attempted to enumerate the symptoms of Milk-sickness agree in the vomiting, the intense burning sensation in the epigastrium, and the obstinate constipation, as being attendants upon cases of any

duration; but instances of sudden death supposed to have been caused by this disease are on record where all these phenomena were absent. In fact, while the descriptions of the writers generally agree when they attempt a portrait of the disease, one can not help remarking, as he reads the various papers on the subject, that many cases are set down to its account which want all its features. Thus, the dog, which vomits as easily as man, instead of exhibiting the symptoms that appear in the human subject, is represented as faltering in the chase, or dropping down and suddenly expiring. And whilst, as a general rule, the disorder is described as coming on slowly and insidiously, cases are mentioned of children suddenly attacked while sucking their mothers, and men dying at the table from the effects of the poison! I will proceed to give some of these instances more in detail, which will afford an idea of the incongruous qualities attributed to this affection.

Dr. Lewis relates an instance in which seventeen members of a family were attacked, almost simultaneously, with milk-sickness; but fails to describe the symptoms. Two individuals died. The cattle had been in a milk-sick region, and many of them were affected with trembles at the time the family were sick. Dr. Lewis also gives the following, on the authority of a fellow-student:

"The stock of a Mr. Townsend, who lived near Winchester, Tennessee, strayed some distance from home in the fall of 1819. He was compelled to drive them through a milk-sick district of country, in returning. One of his steers complained slightly before getting home, but after resting, it became to all appearance well. Soon after his arrival at home, Mr. T. butchered this steer, and sent it to market, reserving only a small portion for his family. On the same day that the beef was butchered, a portion of it was made into steak, of which himself and family ate heartily. Mr. T. expired at the table while eating, his

wife soon after; and in a few days one of his daughters. Every individual, who ate of this beef, was more or less violently attacked, with milk-sickness."*

Dr. Dixon says, "cattle that have received the poison may appear well for weeks, and exhibit it upon being made to travel or labor. And while in a condition thus apparently healthy, the milk or flesh of an animal may be eaten, and the person thus eating may contract the disease. The same peculiarity marks it in the human subject. Where all the family have subsisted upon the same articles of diet, one will suffer and another remain well, because they have not been subjected to the same exciting causes. Violent exertion, or whatever else is calculated to weaken the system, has been known to excite it in persons predisposed to it."†

A farmer informed Dr. McCall, that "one of his dogs, having partaken of diseased beef, ran after a rabbit across the field, and then fell down and died; and that another dog died in the same way, whilst in pursuit of a hog."‡

A Mr. Miller, living in the reputed region of milk-sickness on Goose creek, Tenn., gave Dr. McCall the following certificate:

"I have been in the habit of keeping up my stock for twenty years past. About four years ago my sheep were turned out of the pasture, and soon after seven or eight died. Not supposing they were poisoned, I did not burn their carcases, and my hogs eat of them. These hogs died and were destroyed, except one which I did not find in the lot. This body was found to be picked by the chickens, which chickens, as I believe, caused Milk-sick-

*Inaugural Dissertation, by John T. Lewis, M. D., Transylvania Jour. Med. Vol. 2.

†Transylvania Jour. Med. Vol. 6.

‡Western Jour. Med. and Phys. Sci. Vol 3.

ness in myself, my wife, and three children, by using them as diet. My reason for believing so is, that we had the true milk-sickness, and had eat no other fresh meat; and my son who eat none of the chickens, or soup, was not sick. My cattle had not been out of the old lot, and he as well as the rest of us used their milk. What, however, acted as convincing proof to my mind was, that so long as we used chicken soup as diet, in our sickness, we all grew worse: till suspecting the fowls for being the cause, we abstained from using them. My wife died; and I still feel the complaint after taking exercise.*

JOHN MILLLR."

Upon this Dr. McCall remarks—"Whether or not Mr. Miller be right in his conjecture of the cause of sickness in his family, one thing it seems is ascertained, that the poison can in three animals successively generate the disease, by only using the flesh of each one as it dies."

Dr. Sharp says—"Young calves die with the usual symptoms, whilst their mothers appear in good health. And the flesh of such calves will communicate a similar disease to other animals feeding on it."† Dr. Sharp further states, that "he has never failed of curing his patients, after their bowels had been freely and early evacuated."

In the paper to which reference has been made, I stated upon the testimony of persons who professed to have witnessed examples of the kind, on Goose creek, that calves which had perished from sucking an affected cow, imparted the disease to dogs and buzzards feeding upon their flesh. In that paper, Dr. Thompson has a statement to the following effect:

"A farmer's cows, four in number, broke out of their

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*Western Jour. Med. and Phys. Sci. Vol. 3.
†Ibid.

enclosure, and were in the Mill-stone knobs about thirty-six hours. When driven home some of the milk was drawn from them and set aside that its appearance on standing might be observed; the calves were permitted to suck the rest; they were hungry, the udders of the cows full, and consequently, their repletion was copious. One of the calves was taken sick while sucking and died in a few hours. All the others died in a day or two. Three of the cows died; one which was sucked by two calves, both of which died, recovered, after severe disease, in the course of which all her hair dropped off. The milk which was set by was given to several domestic animals, as cats and dogs—all of which died, if I am not mistaken; some I am confident did, and all were diseased."*

Dr. Shelton affirms that the disease may be prevented in cattle by giving the animals an abundance of clover. This experiment, he says, has been repeatedly tried in Tennessee and Indiana. "Fields known to have contained the cause of the disorder, have been freed from it in repeated instances, by setting it well in clover; and it has again appeared on the clover being ploughed up, and the field sowed in grain."†

At the risk of being somewhat tedious, I have multiplied quotations on this part of my subject, in order that the reader may have at one view the various accounts of the different writers respecting the operation of the reputed poison of milk-sickness. And, certainly, he will exclaim, if there be such a poison, it is a strange one: a poison so variable in its action that some members of a family are destroyed by it, while others take it with impunity; that may lurk in the system for weeks without

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*Transylvania Jour. Med. Vol. I.
†Ibid Vol. IX.

manifesting itself, and again kill a man while eating food containing it at table; that may be prevented by clover, and yet be transmitted in all its force through the flesh of the ox to the dog, and from the dog to the carrion-crow; so virulent as to induce fatal disease in the calf, and yet not visibly affect the cow affording the milk, or cause sudden death in a man, while the ox that supplied the poison was still able to travel and only slightly indisposed; a poison that may render the flesh of sheep so noxious as not only to kill the hogs devouring their carcases, but so affect the chickens picking about the dead bodies of the hogs as to make soup prepared from their flesh poisonous, the chickens, all the while, running about apparently in good health! If this is not marvelous, then I confess the history of poisoning contains no marvels. What are we to conclude? Of course, we are to reject the case in which the dried beef was charged with being the cause. We must reject Dr. Lewis's case of the man dying at table from the effects of the poison. We must also reject Dr. McCall's case in which the disease was ascribed to the diet of "chicken soup." We can not help receiving as doubtful, the alleged prophylactic virtues of red clover. And, upon a review of the whole matter, the conclusion to which all the testimony on the subject has brought me is, that we, who have written upon milk-sickness, have been egregiously imposed upon by careless and incompetent observers. We have been very credulous. We have believed many things which, when we come to investigate them, we find to be impossible. In illustration of the credulity exercised on this subject, I will quote a case referred to by Dr. McCall as proof of the transmissibility of a poison through the milk of the mother. The case, one of *snake-bite*, is recorded in the third volume of *Coxe's Medical Museum*, and is as follows:

"Some time in the summer of 1901, the wife of Mr.

Alfred Bremin, in the town of Baintrim, Luzern county, Pennsylvania, was bitten by a rattlesnake. She was then in the fourth month of pregnancy. After some considerable degree of the common consequences of such an accident had occurred, she at length recovered. At the full time of delivery she was safely put to bed. The child was apparently healthy; but immediately after allowing it to suck, it assumed the hues of a rattlesnake, swelled very much and soon died. She then procured a puppy which died in two days of the same symptoms, and in succession one puppy and three lambs shared the same fate. Another puppy was procured which discovered but little of the symptoms and did not die. In 1803 she had another child, and no disagreeable symptoms resulted from the use of her milk."

Now, it can hardly be necessary to remark, if the venom of the snake had been taken directly into the stomach of the child instead of being swallowed with its mother's milk, no such effects as those described would have followed. However virulent this poison may be in the bloodvessels of an animal, it has been proved to be innoxious received into the stomach. The case is in keeping with many of the reputed cases of milk-sickness.

That the affection known in our domestic animals as "trembles" may depend upon some specific poison which certain localities afford, is possible; but it is not possible that any poison can produce all the consequences charged upon the poison of milk-sickness. It is possible that there may be a plant which affects cattle in this way; but no plant can be harmless to some members of a family and poisonous to others. It is impossible that the train of symptoms given as constituting trembles, can originate in metallic poisoning. They are not the symptoms of such poisoning. Who can believe that the flesh of cows may be so saturated with arsenic, or copper, or the salts

manifesting itself, and again kill a man while eating food containing it at table; that may be prevented by clover, and yet be transmitted in all its force through the flesh of the ox to the dog, and from the dog to the carrion-crow; so virulent as to induce fatal disease in the calf, and yet not visibly affect the cow affording the milk, or cause sudden death in a man, while the ox that supplied the poison was still able to travel and only slightly indisposed; a poison that may render the flesh of sheep so noxious as not only to kill the hogs devouring their carcases, but so affect the chickens picking about the dead bodies of the hogs as to make soup prepared from their flesh poisonous, the chickens, all the while, running about apparently in good health! If this is not marvelous, then I confess the history of poisoning contains no marvels. What are we to conclude? Of course, we are to reject the case in which the dried beef was charged with being the cause. We must reject Dr. Lewis's case of the man dying at table from the effects of the poison. We must also reject Dr. McCall's case in which the disease was ascribed to the diet of "chicken soup." We can not help receiving as doubtful, the alleged prophylactic virtues of red clover. And, upon a review of the whole matter, the conclusion to which all the testimony on the subject has brought me is, that we, who have written upon milk-sickness, have been egregiously imposed upon by careless and incompetent observers. We have been very credulous. We have believed many things which, when we come to investigate them, we find to be impossible. In illustration of the credulity exercised on this subject, I will quote a case referred to by Dr. McCall as proof of the transmissibility of a poison through the milk of the mother. The case, one of *snake-bite*, is recorded in the third volume of *Coxe's Medical Museum*, and is as follows:

"Some time in the summer of 1901, the wife of Mr.

Alfred Bremin, in the town of Baintrim, Luzern county, Pennsylvania, was bitten by a rattlesnake. She was then in the fourth month of pregnancy. After some considerable degree of the common consequences of such an accident had occurred, she at length recovered. At the full time of delivery she was safely put to bed. The child was apparently healthy; but immediately after allowing it to suck, it assumed the hues of a rattlesnake, swelled very much and soon died. She then procured a puppy which died in two days of the same symptoms, and in succession one puppy and three lambs shared the same fate. Another puppy was procured which discovered but little of the symptoms and did not die. In 1803 she had another child, and no disagreeable symptoms resulted from the use of her milk."

Now, it can hardly be necessary to remark, if the venom of the snake had been taken directly into the stomach of the child instead of being swallowed with its mother's milk, no such effects as those described would have followed. However virulent this poison may be in the bloodvessels of an animal, it has been proved to be innoxious received into the stomach. The case is in keeping with many of the reputed cases of milk-sickness.

That the affection known in our domestic animals as "trembles" may depend upon some specific poison which certain localities afford, is possible; but it is not possible that any poison can produce all the consequences charged upon the poison of milk-sickness. It is possible that there may be a plant which affects cattle in this way; but no plant can be harmless to some members of a family and poisonous to others. It is impossible that the train of symptoms given as constituting trembles, can originate in metallic poisoning. They are not the symptoms of such poisoning. Who can believe that the flesh of cows may be so saturated with arsenic, or copper, or the salts

of mercury, as to kill hogs, dogs, and buzzards? Who does not know that it is nearly impossible to kill hogs or dogs by arsenic?

But granting that there is a plant to which the disease in cattle is referable, we must admit that it is not among those the properties of which have been ascertained. It is no common plant. It must be one of the most extraordinary of all vegetable productions.

Nor does it seem to my mind clearly made out, that there is any connection between the milk-sickness of the human subject, and the trembles of cattle. True, the former affection generally follows the use of milk, butter, or beef; but what disease does not? These articles of diet are in almost universal use, and it can not therefore be deemed remarkable that in every case of milk-sickness the subject can be shown to have partaken, sometime previously, of some of these things. In some instances the attack has been ascribed to unsound beef, when it has turned out that only a few of all those who had eaten of the beef were affected. In many more it has been referred to the milk of animals which, at the time it was used, had no appearance of being diseased. This may show how loose and untrustworthy have been the observations relative to this complaint.

Upon the whole, is it not probable that the coincidence of trembles and milk-sickness has been merely accidental? Is it not probable that other kinds of poisoning have been mistaken for the effects of this specific poison? and is it not certain that cases have been set down as milk-sickness, which had no connection with milk, and as little, probably, with the supposed cause of that affection? The case of Mr. Miller, reported by Dr. McCall, and the case referred to by Dr. White, as induced by dry beef, are clearly of this character.

The various accounts of this disorder nullify each

other; and the mind is left in extreme doubt whether there is anything *specific* in milk-sickness. What the disease is which has received this name, is a matter worthy of further investigation.

Louisville, Ky., April 17th, 1852.

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Art. III.—*Midwifery Statistics.* By John Swain, M. D., of Ballardsville, Ky.

I take the liberty to send you a table showing the number of births which have occurred within my practice during the year 1851; giving the time when the white parents were married, the present ages of both white and black, and the number of labors to each. If every physician could be induced to report like particulars to the State Medical Society, a considerable amount of very interesting matter might be deduced, of interest to the profession and the public at large. By making the minutes of each case at the time upon his day book, a physician might make out a table at the end of the year with a very little trouble. There is a Dutch notion in the country, that parturition is governed by the changes of the moon; for which reason I have noted the stage of the moon in each case to support or refute the opinion. It appears that fifteen births occurred within three days of the 1st quarter; eleven within three days of the new moon; nine within three days of the full moon; and seven within three days of the last quarter.

## A TABLE SHOWING THE NUMBER OF BIRTHS WITHIN MY PRACTICE DURING THE YEAR 1851.

| | White Male. | White Female. | Black Males. | Black Female. | STAGE OF THE MOON. | Presentation. | When Married. | Age. | No. of Labour. | REMARKS. |
|---|---|---|---|---|---|---|---|---|---|---|
| January 11, | | 1 | | | 1st day after 1st quarter. | vertex | 1843 | 30 | 4 | |
| " 16, | | 1 | | | Day after full moon, | vertex | 1843 | 30 | 4 | |
| February 8, | | | | 1 | Day before 1st quarter. | vertex | | 20 | 3 | |
| " 17, | 1 | | | | 2 days after full moon. | vertex | 1843 | 20 | 6 | |
| " 27, | | | 1 | | 2 days before new moon. | vertex | | 16 | 1 | |
| " " | | | | 1 | " " " " | verter | | 19 | 2 | |
| March 1, | | | 1 | | 1 day before new moon. | vertex | | 27 | 6 | |
| " 4, | | | 1 | | 2 days after new moon. | vertex | | 21 | 1 | |
| " 20, | 1 | | | | 2 days after full moon. | vertex | 1831 | 42 | 9 | |
| April 6, | 1 | | | | 3 days before 1st quarter. | vertex | 1849 | 21 | 1 | |
| " " | | | 1 | | " " " | vertex | | 20 | 2 | |
| " 8, | | | 1 | | 1 day before 1st quarter. | vertex | | 32 | 10 | |
| " 9, | | | 1 | | Day of 1st quarter. | vertex | | 36 | 6 | |
| May 10, | | | | 1 | 2 days after 1st quarter. | vertex | | 22 | 2 | |
| " 14, | | | 1 | | 1 day before full moon. | vertex | | 43 | 10 | |
| " " | | | 1 | | " " " | vertex | | 19 | 2 | |
| " 26, | 1 | | | | 2 days before new moon. | vertex | 1830 | 40 | 7 | |
| June 23, | 1 | | | | 2 days after last quarter. | vertex | 1839 | 31 | 5 | |
| July, 1, | | | | 1 | 2 days after new moon. | vertex | | 17 | 1 | |
| " 4, | | 1 | | | 1 day before 1st quarter. | vertex | 1830 | 38 | 9 | Could not make uterus respond to the touch, waited an hour after child was born before placenta came away. |
| " 5, | | 1 | | | Day of 1st quarter. | vertex | 1850 | 21 | 1 | Could not make uterus respond to the touch, |
| " 21, | | | | 1 | Day of last quarter. | vertex | | 33 | 5 | waited an hour for |
| " 31, | 1 | | | | 2 days after new moon. | vertex | 1833 | 34 | 9 | placenta to be thrown |
| August 6, | | | | 1 | 3 days after 1st quarter. | vertex | | 25 | 5 | off. |
| " 29, | | 1 | | | 3 days after new moon. | vertex | 1840 | 25 | 7 | |
| September 18 | | | 1 | | Day of last quarter. | vertex | | 17 | 1 | |
| " 28 | | 1 | | | 3 days after new moon. | vertex | 1849 | 19 | 2 | |
| October, 5, | 1 | | | | 4 days after 1st quarter. | vertex | 1837 | 30 | 5 | Widow from '41 to '43, one child by former marriage. |
| " 11, | | | 1 | | 1 day after full. | vertex | | 20 | 4 | |
| " 13, | 1 | | | | 3 days after full. | vertex | 1846 | 30 | 4 | Wasted profusely, owing to the relax'd condition of the womb, want of contraction arrested it by applying cold water to the abdomen. |
| " 18, | | 1 | | | 1 day after last quarter. | vertex | | 21 | 3 | |
| " 29, | | 1 | | | 2 days before new moon. | dorsal v | 1836 | 20 | 1 | Labour 14 hours, water discharged before my arrival, child born immediately after bringing down feet. |
| " 30, | | | | 1 | 1 day before 1st quarter. | vertex | 1849 | 24 | 4 | |
| November 1, | | | 1 | | 1 day after 1st quarter. | vertex | | 26 | 5 | |
| " 15, | | | 1 | | 1 day before last quarter. | vertex | | 30 | 3 | Child asphyx'd; untied |
| " 17, | | | | 1 | 1 day after last quarter. | vertex | | 24 | 2 | the chord and put in |
| December 1, | | 1 | | | 1 day after 1st quarter. | vertex | 1837 | 30 | 4 | a warm bath. |
| " 6, | 1 | | | | 2 days before full moon. | vertex | 1850 | 19 | 1 | Labor protracted, pains |
| " 9, | | | 1 | | 1 day before the full moon. | vertex | | 26 | 4 | weak, amniotic liquid |
| " 17, | | | 1 | | 2 days after last quarter. | vertex | | 36 | 9 | small in quantity. |
| " 25, | | 1 | | | 3 days after new moon. | vertex | 1833 | 38 | 9 | |
| " 31, | | 1 | | | 1 day after 1st quarter. | vertex | 1838 | 34 | 7 | |
| | 9 | 11 | 14 | 8 | | | | | | |

ART. IV.—*A Clinical Lecture on Acute Pulmonary Phthisis.* By DAVID W. YANDELL, M. D., one of the Consulting Physicians to the Louisville Marine Hospital.

At our last meeting I concluded with the remark, that the blister which was applied to Ben's chest had given rise to so much suffering, that I did not think it advisable to enjoin its repetition. The chest is not considered the most appropriate seat for counter-irritation in phthisis; and it was through the mistake of our patient's wife, that the flies were applied in this situation. I directed her to put them on his arm, and was not a little annoyed that she had neglected to do so, as it obliged me to suspend all physical exploration until the vesicated surface had healed. This required four days. During this interval the mucous rhonchus had given place, at the summit of the lung, to the cavernulous rhonchus, and had shifted its locality to that portion of the lung which, a week before, presented the signs characteristic of the first stage of phthisis. How rapidly had these changes been effected! With what alarming celerity had tubercles passed through their several stages of development, from the crude and rudimentary deposit, to softening and the formation of anfractuosities. Day by day Ben wasted away. At almost every examination, the mucous and cavernulous rhonchi were found to have advanced a little downward, and fresh portions of lung to be invaded by the disease.

Such, gentlemen, is by no means the ordinary course of even acute phthisis. Usually, a crop of tubercles is formed which slowly or rapidly pass through their stated periods—soften, ulcerate, and destroy. Here, for the time being, the work ends—the process stops. Sooner or later the morbid action is renewed: a fresh crop of tubercles is deposited, and runs the course of the first. The process of deposition is not continually going on. A portion of lung, almost entirely free from tubercle, will

often be found in the immediate neighborhood of large masses of this formation. In this case, however, the work of deposition kept pace with that of softening, and almost every day we could detect an increase in the amount of both. This is a very uncommon and remarkable circumstance. Some of you have seen, in the hospital and in my private practice, cases of chronic phthisis, in which the disease seemed really to intermit—cases in which you were able to tell, almost to the day, when a portion of lung, hitherto healthy, had become infiltrated with tubercle; and after this had been accomplished, you have seen these cases improve, grow decidedly better, and the patients fancy themselves almost well. Now, in such instances it is impossible to doubt that, for some reason or other, the process of tuberculization has, for the time being, been put an end to. No such good fortune favored our patient. The progress of the disease with him was incessantly onward; and without dwelling longer upon this portion of our subject, I will simply state, that he died within forty days of the time that he presented the first physical signs of phthisis.

There are many cases on record where phthisis has terminated in a shorter time than this. In 1846, I communicated to this journal, notes of a case in Louis' wards, in the Hotel Dieu, at Paris, that ended fatally in about twenty-days. The autopsy revealed numerous granulations of the left lung, especially at its summit, and a considerable crop of tubercles, in the crude state, of very small volume. The right lung contained a large cavern in the summit, which M. Louis thought of recent formation. Numerous granulations and tubercles, some in the crude state, others beginning to soften, were observed throughout the entire extent of the organ. This was the first example of acute phthisis that I ever saw. Ben's case was the second. M. Louis has stated, in his work on pulmonary phthisis, the case of a man who died in twenty

days after the first signs of tubercles were observed; and yet, in this short space of time, excavations had been formed in the lung. Andral and Portal mention cases which have run their course in eleven days, and numerous instances are reported of individuals who have died of phthisis within three weeks.

The diagnosis of acute phthisis is seldom an easy, often a very difficult, and sometimes an impracticable task. In that variety where gray granulations accumulate generally through the lung, giving rise to asphyxia, and usually proving fatal before suppuration has taken place, the diagnosis is extremely difficult. It may be distinguished from bronchitis by the absence of the characteristic rhonchi at the inferior parts of the lung, a larger amount of dyspnea, and a want of the full muco-purulent expectoration that is so invariably present in the second period of this disease. There is but little likelihood of its being confounded with pleurisy. The condition of the respiration and state of the pulse, might give rise to the opinion that pneumonia was present; but "the lapse of twenty-four hours will prove that common idiopathic pneumonia does not exist, for the signs of hepatization are not an iota more obvious than the previous day." You see from this, gentlemen, that the difficulty of diagnosis is not the result of the similarity of this affection to the ordinary pulmonary inflammations, but it lies beyond this, and, according to Dr. Walshe, consists in distinguishing miliary phthisis from typhoid fever. The resemblance between these two diseases is often so great, that the shrewdest observers sometimes mistake one for the other. Dr. Walshe states that he himself committed the error of diagnosticating typhoid fever with secondary pneumonia in an individual who died a few days after with acute phthisis. "Dyspnea, prostration, bronchitic rhonchi, duskiness of face, febrile action, dry skin, adynamic state of the tongue, delirium, and stupor, exist in both affections, and may do so

to similar amounts." "The abdominal symptoms and the peculiar eruption of typhoid fever draw the line, to all appearance, positively—but only in appearance: for abdominal symptoms may be present in acute phthisis, if the intestine be undergoing acute tuberculization; and although eruption probably exits in all cases of typhoid fever it certainly escapes detection, (probably from its slight amount,) in a few instances."

In acute suppurative phthisis, the diagnosis is rendered comparatively easy by the absence of the ordinary signs of pleurisy, intense bronchitis, and pneumonia, the extreme violence of the general symptoms, contrasted with the small amount of pulmonary disturbance, the general and steadily progressive loss of sonorousness of the chest, coupled with the auscultatory phenomena of destruction of tissue.

Of course, in that variety of phthisis described by Andral, in which the symptoms were remarkable as not being those usually present in this affection, I am unable to furnish you with any diagnostic guides. I am not aware that there are any. Andral states that he has seen persons, having for some time a very slight cough, who were seized with the symptoms of pneumonia or pleuritis, and that several of the individuals in whom these symptoms were observed, sank rapidly, and large masses of tuberculous matter were found in their lungs. Under such circumstances you could but diagnosticate inflammation of the substance or investing membrane of the lung, and would be destined to find at the autopsy softened tubercles instead of pneumonia or pleurisy. I am satisfied myself, however, that this error can arise only where the tubercles do not communicate with the bronchi, which must be an exceedingly rare occurrence. Wherever the ulcerative process has extended to the walls of the bronchial tubes, and the softened tuberculous mass finds its way—as

it necessarily will do—into their cavities, the mucous rhonchus will inevitably be produced.

Many, perhaps most cases of acute phthisis, are to be ranked in the first variety of Dr. Walshe, in which the progress of the disease, except in regard to its rapidity, is the counterpart of that observed in chronic phthisis. It is hardly necessary to say, that in such instances, the diagnosis is unmistakeably clear, and requires no description at my hands. During the first few days of Ben's sickness, both the rational and physical signs were of a nature to awaken doubt as to the true character of his disease. Soon, however, what had been obscure became clear; what had been doubtful became certain; what had been unlike phthisis, assumed a most striking resemblance to it,—indeed, declared itself unequivocally to be phthisis. In addition to the symptoms I have already mentioned, I should not neglect to refer to one alluded to by Dr. Stokes, which is, the resistance of the affection to treatment, even of the most active and varied description. I have alreday announced the result of our case. Ben died in the last stage of emaciation, and seemingly from the mere violence and intensity of the disease. Owing to the unwillingness of his wife, I did not open his body. The treatment that I adopted was not only that which is usually pursued in acute phthisis, but I conjoined with it that remedy so justly celebrated in the chronic form of the disease—cod-liver oil. The progress of galloping consumption is so frightfully rapid, that we can not, as so often done in chronic phthisis, follow the example of Celsus and advise a voyage to Egypt, nor that of Aretæus who insisted upon his patients boating or sailing; nor have we the means, even if we thought it useful, to establish an artificial marine atmosphere with the fresh sea weed, as was practised by M. Laennec. Nor can we recommend a residence—which, to say the least would not

be pleasant in these days of invasion—in Cuba, which you know was quite the fashion, a few years since, among American physicians; nor, on the other hand, can we insist on our patient's taking up his abode on the shores of the northern lakes, as is recommended by the author of the "Diseases of the Interior Valley." We are unable to adopt any one of these popular expedients for ridding ourselves of incurable cases. An individual suffering with acute phthisis is, usually, wholly unable to undertake such journeys, and if he wishes to die among friends and kindred, it is fortunate that he is so.

Louisville, Ky., March, 1852.

# REVIEWS.

ART. V.—The Transactions of the American Medical Association, instituted 1847; Vol. IV; 8vo. p. p. 677.] Philadelphia, 1851, with four colored plates and a map.

The Transactions of the American Medical Association as they appear, year by year, commend themselves to the public, and particularly to the medical profession, by their freedom from all parade; by the clear and evident purpose, running through every part of them, to advance the profession in every thing that is useful and honorable, and to subserve the interests of the community at large by the promotion of well-considered knowledge both theoretical and practical. We have read the last volume with much pleasure, particularly the report of the Committee on Practical Medicine. The short notices which we propose to present, are not intended so much as a review, or criticism, as something added—the observations and conclusions of another physician collateral to those of the committee.

*Typhoid Fever.*—The committee say of this malady: "The principles that should govern the management of typhoid fever can not be considered to be definitely settled.****As regards the feasibility of arresting the disease

at its commencement; of abridging its duration; the choice of different means proposed for these ends; and during the febrile career, the extent to which the practitioner should interpose medical influences, the particular remedies indicated, the employment of stimulants, alimentation, etc. On these various points different views are entertained; and hence the subject is open for continued investigation, and for the accumulation of facts," and, let us add, *for the settlement of some principle.*

To the philosophical thinker it must appear very strange that in a disease so well defined as typhoid fever, there should be so great a diversity of opinion, upon the points stated in the above quotation. What is typhoid fever? According to Louis, Andral, and others in France, and according to Gerhard and Bartlett in the United States, it is a fever, the essential element or pathognomonic sign of which is a peculiar form of inflammation of the bowels; it is a dothein-enterite; a fever which begins with a lesion of certain glands in the small intestines. According to Dr. Bartlett, there are the following forms of fever: typhus, typhoid, periodical, *i. e.* intermittent and remittent fever, and yellow fever; and no more. Every case of fever must belong to one or the other of the above classes. Dr. Bartlett practiced medicine for some five or six years in this city, and he does not pretend to say in his work upon fevers that he ever saw a case of typhus or yellow fever in Kentucky. The fever cases which he treated in and about Lexington, he pronounced to be, all, cases of typhoid fever. The exanthemeta are of course excluded: and Dr. Bartlett may have had some few cases of remittent or intermittent fever; but about the diagnosis of these there could be no mistake. The continued fever of this region of Kentucky he pronounced to be typhoid fever. The question is,—is there not another form of fever which prevails in the United States, and especially in Kentucky, *besides the fevers laid down by Dr. Bartlett?*

Is there not a continued fever, which is neither yellow fever, nor typhus fever, nor periodical fever, nor typhoid fever? We maintain that there is. We maintain that there is a continued fever of a typhoid character, which is not a dothein-entrite; a fever in which there is not the peculiar lesion of the small intestines, which is the essential element of typhoid fever; without which lesion the fever can not exist.

During the autumn of 1850, we treated 16 cases of fever, in and about Lexington, not one of which continued over ten days; that is, they were all fairly convalescent at or before the expiration of ten days. Were these sixteen cases, cases of typhoid fever? We answer that they were not, in our opinion, cases of dothein-enterite; that they were not cases in which there was inflammation of Peyer's and Brunner's Glands. But we feel satisfied that Dr. Bartlett would have pronounced them cases of typhoid fever. According to his definition and classification, what else could they have been? They were cases of fever, of idiopathic fever; and it is positively certain that they were not cases of typhus fever, nor of yellow fever, nor of intermittent or remittent fever. Were they cases of typhoid fever; we mean typhoid fever as defined by Andral, Louis, Gerhard and Bartlett? We maintain that they were not.

If we are asked to describe the disease, we answer that we can not distinguish it from genuine typhoid fever in its early stages. There is soreness of the bowels upon pressure, and there is diarrhea. We have no recollection of ever having seen the rose-colored spots peculiar to typhoid fever.

Indeed they are such cases as are constantly called typhoid fever and treated as such. And hence in our opinion arises the great discrepancy of statement among physicians as to cutting short the disease, as to duration and as to treatment. If these cases are treated with cathartics,

with a view to exite the action of the liver, and keep up bilious discharges until the fever is broke, they will very generally terminate in from 8 to 14 days. But if these very cases are put upon the expectant plan, and dosed with opium and astringents, they will continue for 21 days or longer, and there may be induced lesion of the bowels. So that it can be clearly seen that if one physician treats twenty cases of this form of fever upon one plan, and another treats twenty cases of the same form of fever upon another plan, there may be a wide difference as to the time the cases may be on hand; and one may say that he has cut short his cases. We wish to be clearly understood not to deny the existence of typhoid fever as defined by Louis and Bartlett. We have treated many cases of it, and have witnessed many post mortem examinations in which the lesions were perfectly manifest. Nor do we believe that such cases can be cut short. We are writing to show that there is another fever (of a typhoid type) which is not a dothien-enterite; a fever in which there is not inflammation of the bowels; and we maintain that this fever, if properly treated, ought not to continue longer than from 8 to 14 days.

It has been doubted by some, we believe, whether typhoid fever exits in England. Many of the British physicians make no distinction between it and typhus; though it has been proven that the peculiar lesion of typhoid fever is not found, post mortem, in the subjects of typhus fever. The relapsing fever, now the object of particular attention in England, is not typhoid fever, nor is our fever relapsing fever. There is no such lesion in relapsing fever as there is in typhoid fever. The question then arises, have we not a continued fever in the United States and especially in all limestone regions, of a typhoid form or character in which there is no inflammation of the bowels? We believe that there is.

There can be no sense or reason in medical science, if a

strong cathartic course of treatment will succeed equally well with an expectant or palliative one, or with a method, the principal means of which are opium and astringents, in a fever, where the peculiar lesion is, a very bad form of inflammation of the bowels. Dr. Bartlett, in his work on fevers, admits that there is no great difference in the percentage of deaths between the cathartic and the expectant modes of treatment. And we know physicians who have the full confidence of their patrons and who are considered very successful in the treatment of typhoid fever, who use cathartics throughout the course of the fever, and that too in large doses; and these physicians practice in the midst of others who rely upon opium and astringents. We may depend upon it, the lesion does not exist in every case. May we not suppose that as civilization advances, as the manner of living becomes more and more artificial, as hereditary cachexia from its various sources is spread more and more widely among the people, there will be a tendency to localization on the bowels in continued fever; but that whether this man or that will be so affected, will depend upon his own constitution?

The conclusions, then, at which we have arrived, are these: 1st. That the reason why there appear to be so remarkable differences among physicians upon the points stated at the head of this article, is because the cases are not all typhoid fever in the sense of Louis and Bartlett.

2nd. That the cathartic treatment will prevent all such cases from being protracted; whereas, under the expectant or opium plan they will be very likely to become so.

A few words, in conclusion, as to our plan of treatment. We are very careful to keep the skin of the patient clean; and to insure this, we generally have them washed all over at the commencement of the attack. If the fever is high, and the skin very hot when we are called in, we advise cold water; if otherwise tepid or warm water. We rely very much upon bathing and sponging

to keep down the fever throughout the case. If there is diarrhea, we use calomel and Dover's powder—as a general thing, gr. v. aa. at a dose, to be repeated every 4, 6, or 8 hours, according to circumstances. We continue this course with variations until the patient is convalescent. We use also rhubarb, aloes, and compound extract of colocynth; always such cathartics as are known to act on the liver, and we carefully avoid such cathartics as have a tendency to excite serous discharges. Our opinion is, that the reason why cathartics have been so much found fault with by some is, because such cathartics have been used as excite serous discharges. We do not object to astringents; and often use them, but our main object is to keep up a gentle action on the liver, and this we endeavor to effect by the mildest means possible. When in any case we become satisfied that the peculiar lesion of typhoid fever exists, we are very careful about giving a cathartic, and then pursue a palliative treatment.

We are satisfied that patients treated on the cathartic plan even in typhoid fever proper, in its early stages, recover much more rapidly than where cathartics are excluded; and that there is not near so much danger of the common sequelæ;—such as lame limbs, dropsies, bad coughs, scrofula, &c., &c.

One word concerning quinine:—we know of no form of fever in this climate, in which quinine is of any value except intermittent and remittent fever.

*Ague and Fever.*—It may be thought that a physician living at Lexington, Ky., where there hardly occurs one case of ague and fever in five years, is not very well qualified to write about it. But we have this to say:—during our childhood and boyhood we had this hateful malady for nine successive summers; so that we may claim to have a personal knowledge of its symptoms, and to be well acquainted with its odious character. The first correct knowledge we got of its treatment was in Huntsville,

Alabama, near which town we lived for two years and commenced the study of medicine. We have since had some reputation for "curing" it; and treat perhaps as many cases every year as any physician who does not live in an ague and fever district (where we never intend to live again if we can help it.) Nearly all the cases which we have treated originated out of the state. They are persons who have been traveling in Indiana, Illinois, and Missouri. Many of them have had the disease for a year; some for two years or longer, and all have taken quinine. Many say that they will take no more quinine, as it injured them; that it would stop the chills, but not prevent their return; that they have come to us for a permanent cure, though some say that they have despaired of ever being cured. It is a rare thing for them to be disappointed. We have yet to learn the first case which was not cured; and it is very seldom that a patient has the second chill after commencing to take our medicines. We have given our formularies to many physicians, who practice, some in Alabama, some in Missouri, and other states where the disease prevails; and they write us that our pills are in great demand: that they succeed better than any other remedy. The composition of our pills is to the patient a secret, so that they do not know what they are taking. We always tell every patient that we will certainly cure him so that we have the full benefit of his faith. We give two boxes of pills; "ague pills," and "cathartic pills." The latter are composed as follows: R. Calomel, Sulphate of Iron, Socotrine Aloes, ää ℈ij. m. ft. xxiv pills; after reducing the sulphate of iron and aloes to an impalpable powder and mixing all together, we add whisky to make the pill mass; it is better than gum, as the pills more readily dissolve.

For the ague pills we have this formulary: R. Sulph. quinine, Dovers powder, ää ℥j., Cayenne pepper, Soc. aloes, ää ℥ss.: mix with whisky and make 36 pills.

We direct the patient to commence taking the ague pills at least 8 hours before the time for the chill or ague and to take a pill every hour until he has taken six pills. He will have taken the last pill two hours before the paroxysm. If he can begin twelve hours before the paroxysm and take a pill every two hours until he takes six pills, it is still better. We consider it very important that quinine should not be given nearer than two hours to the time of the paroxysm. For if the doses previously given will not prevent the paroxysm on that day, it will only aggravate the case to give it just before the time. If a physician is called to see a patient just before an ague, or when the patient is beginning to get cold, and desires to lessen its severity and to prevent the subsequent fever, he must give his patient a full dose of laudanum. This will in a great majority of cases prevent the fever, if it does not very greatly moderate the chill.

On the well day, in third day ague and fever, we direct the patient to commence taking the pills at the same hour, *i. e.* at least 8 hours before the time of paroxysm and to take a pill every two hours until he takes four pills. After the disease is broken we direct him to take three of the ague pills a day, say one just before each meal, till he has taken them all (36). He is to take at the same time the cathartic pills every night or every other night. It is a very rare thing for a patient to become salivated under the use of these medicines; but if the gums become sore or if there is any good reason why calomel should not be given, then we direct the following pill to be given: R. Soc. aloes, Comp. ext. colocynth, Sulphate of iron, āā ℈j.: mix with whisky and make 12 pills.

The dose of these pills is the same as that of the ones containing calomel. They are an excellent pill in all cases where a decided cathartic effect is desired, and are especially adapted to cases of jaundice, chronic disorder of the liver and spleen and such cases as arise in miasmatic

countries, not excepting diarrhea. We also use the Prussiate of iron in making an ague pill. The formulary is as follows: ℞. Sulph. quinine, Prussiate of iron, áá ʒj. Cayenne pepper, Soc. aloes; áá ℈j. Sulph. of Morphine gr. ij.: mix with whisky and make 32 pills. This combination will not as uniformly agree with patients as the first; it is more frequently rejected by the stomach, and oftener causes headache; but yet it suits many cases. It is the combination we most commonly give to children, in powder and in small doses. We use the same cathartic pill and follow the same general course as already laid down. These are the facts—a few words of remark: First as to ague and fever countries—we know of no section of country where this malady ever prevailed, where it does not prevail to this day, with this exception: if cities are built up, and the ground covered with houses and pavements, it may be banished; but it can not be otherwise. Clearing up lands, and draining ponds may remove the disease from particular locations, but it will still prevail in the neighborhood, along water courses, and the like. It is the disease of certain geological formations as typhoid fever is of other formations.

2d. The average duration of life is lower among the white population residing in an ague and fever country, than in those sections of country where it does not prevail. This does not apply to the black race. They enjoy better health in miasmatic regions, subject to intermittent fever, than they do elsewhere; they are much less liable to scrofula and cachexia africana. Both of these latter affections are exceedingly rare among the negro population in the tide water region of Virginia, where the ague and fever prevail every summer. In the limestone region of Kentucky the majority of negroes die of some form of glandular affection. But we do not recollect ever having seen a negro with ague and fever in Kentucky.

3d. Quinine by itself is not a reliable remedy in the

treatment of intermittent fever. It is the best of all remedies to stop the chills; but it does not in our opinion possess much tonic power. It is an anti-periodic. It does not build up the system, to fortify it against renewed attacks. Quinine given in conjunction with opium is much more agreeable to the patient and is not near so apt to disturb the system. We have remarked that our patients tell us that they can't take quinine, and yet they take pills without complaint. It is true that they sometimes make a patient very sick, but there are none of the effects of quinine complained of. We consider the quinine, opium, and cayenne pepper to be a happy combination for this malady; but we attribute not less good effect to the iron in combination with the calomel and aloes. Tonic medicines, of which iron may be called the most decided tonic, may be given in combination with cathartic medicines much earlier than is commonly supposed. If physicians will try our pills, they will have nothing to complain of from their tonic properties.

4th. We deem it all important, that in the treatment of intermittent fever, the medicines should be continued for some days after the chills are stopped, and we direct our patients to take all the pills, (32 or 36 ague pills, and 24 cathartic,) before they stop. Of all the sick people that we ever treated, those who live in ague and fever districts and those who have this disease are the most opposed to taking medicine. It is an old saying, that when you ask a man in eastern Virginia, or in Illinois or Missouri how his family are, he will answer that they are all well except that the children or his wife or servants have the ague and fever. They get accustomed to it; they know that it hardly ever kills of itself; they have found that medicines have not much effect upon it, and hence their indifference. This must be overcome if you would cure them radically. There is no disease which undermines the constitution more certainly, and therefore there is none that a greater effort should be made to cure.

We candidly believe that it is in the power of physicians greatly to improve the health of communities residing where this malady prevails.

Where there is not an absolute necessity for it, neither the family nor domestics should go out until after sunrise; nor until they have taken their breakfast, during the months of August and September. We know some members of a family who resided near Louisville when that town was almost a grave-yard, and they made it a rule never to open the doors till nine o'clock in the morning during the sickly season, and they all escaped the prevailing sickness. We had this information from a member of the family. It is also much safer to sleep up stairs, and cold bathing in the morning is a good prophylactic.

Two suggestions more as to the treatment: To prevent a chill when they are obstinate, if you will rub the back up and down the spine with strong and hot red pepper tea, or with dry mustard, half an hour before the time, it will very generally prove efficacious.

There is no form of fever in which the free external application of cold water is a safer and more efficient and pleasant remedy, during the hot stage, than that of intermittent and remittent fever. Both bleeding and emetics do more to prostrate a patient, burning hot with fever, than they do good—often times neither will even stop the fever, and if they do, the patient is left greatly debilitated. But take a patient with a burning skin, a full and excited pulse, and a severe headache, and strip him and lay him down and dash buckets full of fresh cold water over him until the heat of the skin is removed, and then quickly rub him dry and put him to bed, and give him a cup of hot tea, and ten to one he will go to sleep immediately and break out in perspiration. We are in the constant habit of using cold water freely in typhoid as well as intermittent and remittent fever. When the skin is very hot, and especially when there is great heat and disturb

ance about the head, we have the patient stripped and the cold water poured over them; but if they are not remarkably hot, but are only feverish and restless, we then prefer sponging. The feelings of the patient ought to be consulted as to the temperature of the water, where it is only proposed to sponge the patient.

It will be observed that we do not agree with Dr. T. S. Bell as to the use of large doses of quinine in the treatment of this malady. It is sufficient to say, that we have not had occasion to give his method a trial. We believe that those who will try ours will be pleased with it.

*Dysentery.*—Nitrate of silver would seem to be the favorite remedy advocated: it is relied upon and prepared by physicians living in different states and hundreds of miles apart. Its use by injection is the preferred method of administering it; though it is also given in pills. Some physicians rely almost altogether upon opium, though none it would seem have adopted the use of Dovers powder, as recommended by Dr. Watson in his (London) Practice of medicine. Calomel is rather objected to, and when used advised in small doses. Dr. —— is an exception. He gave calomel in 20 and 30 grain doses. Each physician appears to be satisfiied with the result of his experiments and recommends his practice. The opinion is advanced, that the former method of treating dysentery, founded upon the opinion that dysentery is produced by disease or disorder of the liver is erroneous both in theory and in practice.

When it thus appears that dysentery has been successfully treated by the use of three remedies differing so much in their therapeutical effects as nitrate of silver, opium, and calomel, to which number of remedies a long list might be added; it is the part and the duty of the medical philosopher to inquire the reason. Dr. Stone of New Orleans, in his second article on the Phosphate of lime in consumption, &c., (New Orleans Monthly Medical

Register, Vol. I. No. 4,) very properly remarks: "The best way to secure for any remedy its proper place in therapeutics, is to determine its mode of action." This is a piece of old philosophy re-affirmed. It is time that it should be restated by men occupying the station of Dr. Stone; for it is being too much lost sight of. But if such is the best way to secure for any remedy its proper place in the treatment of a particular disease, what are we to say when we find that a severe and painful and even dangerous malady may be cured (so to say) by many remedies? Take the one now before us. We find that physicians claim almost equal success with nitrate of silver, opium and calomel; and we may add, that we have known an extensive epidemic—dysentery—successfully treated as follows:—a teaspoonful of ipecacuanha and a teaspoonful of the sulphate of magnesia were mixed in a pint of water, and a teaspoonful of the mixture was given every hour or every two hours, or seldomer *pro re nata*. Hardly any other medicine was given but this, and nearly every case recovered. We have ourself treated many cases successfully with the following mixture: ℞. Muriate of soda, (common barrel salt) Sulphate of magnesia, ää ℥ij., mint water, cider vinegar, ää ℥j., mix and strain: dose, a teaspoonful after every dysenteric operation. Sometimes we add laudanum to the mixture, if the dejections are very frequent. Several physicians of our acquaintance have used this formulary with very gratifying results. But it does not answer in every case, nor will any remedy. Moreover we are satisfied that the hydropathic treatment of dysentery is not without its merits. A physician of our acquaintance, not a hydropath, has tried injections of ice water in a number of severe cases, and he found them of essential service. The cold hip bath is by no means *a remedy without a reason*. How then are all these things to be explained? There is a reason for everything, and the physician who says that it is not philosophical or

proper to undertake to find out the modus operandi of every remedy will never do much to the honor or benefit of the healing art. Perhaps the most rational explanation is, to say with Dr. Forbes that the vast majority of the curable cases would as certainly get well without a remedy as with it. That if we do not interfere too much and interrupt the recuperative efforts of nature, she will bring all right. This is not only possible but probable. But the disease is so painful and apparently so dangerous in its symptoms, that it is not likely that any considerable number of patients will at any one time and place submit themselves to the purely *expectant method* to ascertain the fact.

There must be some other explanation; and this we think lies in the nature of the disease. Much has been said about the part the liver has to play in dysentery. Some deny its being implicated at all; others maintain that it is always at fault. One thing is certain, that the bile ceases to be poured out into the intestines when the dysentery begins, and the ductus communis choledochus remains occluded until the bloody operations begin to stop. Whether the liver is all this time doing its own proper office of secreting the bile from the venous blood, but has not the power to command the ductus choledochus to do its proper duty, may possibly be a matter of dispute between the horns of which dilemma lies the gall bladder. We have never known a case of dysentery to begin to improve until bilious evacuations appeared; and by the time the disease is removed, the fæces contain their usual quantity of bile. Medical writers upon the practice seem to forget the office of the liver; that its action in the economy is constant and not occasional, and to forget what that office is. When the arterial blood has passed the round of the circulation, almost after having been first oxygenated in the lungs, it makes its final tarry in the liver, where the refuse and debris of the body which have come down

into the general current by many little rivulets, have to be separated. This is the first office of the liver. Upon the performance of this office by the liver, the purity and healthfulness of the blood itself depends. Many pathological difficulties affecting different organs arise when this office is not performed. But this is not all by half. This effete matter, this same thing to be removed from the venous blood by the liver is the thing, if separated, which has to be converted into bile. The effete matter may be to some extent removed by the liver, and yet healthy bile may not be made. Here is a double difficulty. And, again, if bile is made, it may not be poured out in a continued stream, as it is in health, into the duodenum. It may stop in the gall bladder or in the ductus choledochus. So that in either contingency healthy bile is not continually poured out into the bowels; indeed, in a large majority of cases, is not poured out at all during the continuance of dysentery. This is *the fact.* But is the liver diseased? You do not find, we are told, the liver diseased as a general fact in the bodies of persons who died of dysentery. We answer that we did not, according to our theory, expect to find organic disease of the liver. A man who has a diseased liver may have dysentery, and persons who have resided in hot climates until their livers become organically affected, are very subject to dysentery. But it does not follow that a man must have a diseased liver before he can have dysentery. A man may be troubled with indigestion or dyspepsia and yet his stomach may not be diseased organically, nor the seat of the malady. This is often the case. But the stomach does not perform its functions notwithstanding. The stomach is often the only complaining organ when the kidneys are diseased; and so of the uterus; and so also of some forms of brain affection. It does not perform its functions in a single instance, and yet it is not the subject of organic disease.

Dysentery arises from various causes, and is made up in different epidemics and in different individuals of several pathological states, which may not be the same in two epidemics, nor in three out of five cases in the same epidemic. Sometimes we have an epidemic dysentery which arises from miasmatic csuses, in which there is manifestly disorder of the liver, evidenced by the appearance of the tongue, pain and fullness in the region of the liver and symptoms of jaundice. Sometimes the disease seems to arise from an unknown cause, like typhoid fever, or scarlet fever; it attacks persons who are the most healthful and robust. We may refer the origin of a case to improper diet; but perhaps the patient is the only individual in the household, all living upon the same food, who is attacked. As to the symptoms in such cases we do not find any sign of disorder of the liver, except the fact that bile is not poured out into the intestines. The first thing we know is inflammation of the lower bowels, with bloody discharges and scanty, high colored urine. Now should these two varieties of the disease be treated in the same manner? By no means. In the first instance, ipecac. emetics, or ipecac. and calomel in full doses, with the assistance of the saline mixture; or if the epidemic be a mild one, the solution of ipecac. and Epsom salts will be the best remedies. This is the form in which scruple and half drachm doses of calomel administered every 6, 8, or 12 hours, according to the case, until healthy bilious actions are produced, do so much good. The affection of the liver here is a part of the malady, and the treatment has to be mainly directed to it. But this treatment would not suit the other variety. The liver has merely stopped acting. The severe inflammation of the lower bowel extended in its effects along the track of the mucous membrane to the liver, affects it in the same manner, except that it is more direct, as disease of the kidney or uterus

affects the stomach, and simply causes it to stop acting. Remove the cause of irritation, the cause of this extended sympathy, and the organ, whether stomach or liver, will immediately commence anew to do its duty. This is the form of dysentery in which calomel or blue mass is a very questionable remedy. It must be decided for each case whether mercury should be used or not; it can not be decided for an epidemic. This is the form in which we should expect to find a remedy in blood-letting, in the nitrate of silver, in opium, in cold water, and in the saline mixture. A word about this saline mixture, of which we have given the formulary. It is a very curious compound in its effects, considering its composition; not one of its ingredients has ever been considered a remedy for dysentery or diarrhea, given by itself; and in a majority of cases the salt, the vinegar, and the Epsom salts would no doubt do harm if given in the quantities and as often as they are given in the mixture. But yet the mixture, even without laudanum or morphine, (we generally add one or the other where the case is a severe one), will relieve the violent tenesmus, check the bloody and mucous discharges and cause the liver to act, sometimes as if by magic. We commonly give it in conjunction with other remedies; giving them at longer intervals and the mixture after every unfavorable operation, in mild cases; and when the disease begins to subside, we give the mixture at intervals of three or four hours, or only three times a day, and give nothing else.

Perhaps there are no two diseases about which there is less dispute as to the actual lesion than dysentery and pneumonia: and we may, we believe, add that there is a very general concurrence among physicians as to the remedies, and yet we know of no two diseases where the physician should be more careful to examine every case for itself, to see if the treatment must not be varied to suit

the case. Tartar emetic will not do in all cases of pneumonia, nor will calomel nor any other drug do in all cases of dysentery—but the nature of the disease is not changed for that reason—as remarked by Dr. Stone, when we have "determined the mode of action of any remedy" we have secured its proper place in therapeutics. But it is not only important to determine the mode of action of a remedy, but also to find out, at any rates, the *proximate* cause of a disease and to trace link by link the chain of morbid causes and effects, and to ascertain whether the final link is rivited into some organ or only tied to it by a slender thread.

In dysentery, arising from miasmatic origin, we would say that the one end of the chain was rivited into the liver and the other into the mucous membrane of the bowels; in the other variety, we would say that the link next to the liver is only attached to that organ by a slender thread.

In the one variety the disease may be said to begin in the liver and end in the bowels. In the other, it begins in the mucous membrane of the bowels and terminates at the liver. In the one case you must arouse the liver and put it in action to arrest the dysentery: in the other you must subdue or assuage the inflammation of the bowels before the liver will act. So far as practicable this distinction should be kept in view; for there is no method more uncertain and more dangerous than the eclectic, when it is made to mean to give a remedy or a supposed remedy for every symptom that arises—a mixed treatment is, of all sorts of practice, the worst. General principles must be always kept in view.

We have not attempted to lay down in the above remarks a plan of treatment for dysentery; our object has been to shew that where the malady has been at one place treated successfully by calomel, and in another by nitrate of

silver, it does not argue that either calomel or nitrate of silver is the only remedy or the best remedy for all cases; but that there are various forms of the malady.

J. C. D.

Lexington, April, 1852.

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Art. VI.—*The Scientific basis of Homœopathy.* By William H. Holcombe, M. D. Cincinnati: H. W. Derby & Co. 1852: p. p. 295, 12mo.

This book professes not only to give "the scientific basis of Homœopathy," but to furnish a refutation of the argument of Dr. Hooker against that system, contained in the admirable little volume noticed in our last number. It is about twice the size of Dr. Hooker's volume and at least ten times as heavy. Dr. Hooker's is calm, dignified, fair, and logical; this is such a production as one would expect from a physician who had deserted the regular profession and turned homœopathist. It is not meant for the profession but the people. The author is evidently a disaffected practitioner, who hopes to make capital out of the desertion and abuse of his scientific brethren. His style is adapted to the classes to which his appeal is made; what he meant to be the "scientific basis" of his book, no one can understand; but it will not, on that account, be any the less acceptable to the genuine believer in homœopathy, whose motto is *credo quia impossibile est.* He thinks homœopathy must triumph over orthodox medicine, because this new sect devotes itself to the study of *nerve-force* instead of the liver, stomach and other coarse organs. The following extract contains an expression of his creed:

The Nerve Force is apparently of a much higher and more complicated character than any of the Physica Forces with which we have been comparing it. It may be

called analogically, the *solar force vitalized.* It is the subtlest and most powerful form under which the One Universal Force manifests itself. But after all, it is to be remembered, that it is only the force of inorganic nature raised, like an algebraic expression, to a higher power. It is matter in motion, and as such, susceptible of conversion into other and more familiar forms of motion. It is resolvable into Heat, Light, Electricity, Magnetism, Chemical Action, and Mechanical power. Upon its modes and manifestations, therefore, all the phenomena of living bodies, in health or disease, depend.

A more distasteful work than the one before us has seldom fallen in our way, and we dismiss it with the pledge not soon again to touch the subject of which it treats. A good deal of experience and observation have satisfied us, that the good accomplished by the exposure of quackery is not great, and that we may safely leave it to run its course and die a natural death. A certain amount of it seems to be a natural ingredient of human society. It is continually changing but never disappears. One absurdity comes in the room of another, as by a process which chemists style displacement, but the mass neither increases nor grows less. And so, we suppose, it will continue, human nature remaining unchanged, "to the last syllable of recorded time."

# SELECTIONS

FROM

# FOREIGN AND HOME MEDICAL JOURNALS.

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## *Report of a Joint Committee of the Philadelphia County Medical Society and the Philadelphia College of Pharmacy, Relative to Physicians' Prescriptions.*

[Published by order of the Board of Trustees of the Philadelphia College of Pharmacy.]

The joint Committees of the Philadelphia County Medical Society, and of the Philadelphia College of Pharmacy, appointed for the purpose of considering the means best adapted to prevent the occurrence of mistakes in the compounding of the prescriptions of Pysicians by Apothecaries, beg leave to report that they have given to the subject all the attention that its importance demands, and present the following hints as the results of their joint deliberations. They have taken the liberty of adding, also, a few general hints on the relations that should exist between physicians and pharmaceutists.

### A. *In Respect to Physicians.*

1. Physicians should write their prescriptions carefully and legibly, making use of good paper, and, whenever possible, of pen and ink. When obliged to write with a pencil, they should take the precaution to fold the prescription twice, so as to prevent its being defaced.

2. The nomenclature of the United States Pharmacopœia is becoming annually more in favor with pharmaceutists; a statement attested by the fact that 1500 copies of the book of Latin Labels for shop furniture, published by the Philadelphia College of Pharmacy, have been disposed of within three years. Physicians are also becoming more alive to the merits of our national Codex, and they are respectfully urged to familiarize themselves with its nomenclature, and to adhere to it strictly in their prescriptions.

3. The numerous treatises on Materia Medica, Pharmacy and the practice of Medicine, of English origin, that are reprinted in this country, notwithstanding they are generally interlarded with the formulæ of our own Pharmacopœia, tend, nevertheless, very much to confuse the physician and apothecary, in the use and exact meaning of terms in prescriptions. To obviate the difficulties thus occasioned, the physician should, when he prescribes a medicine, which is not officinal, nor in common use, state on his prescription, either in a note at the bottom, or within a parenthesis, following the article, the authority or work from whence it is derived, as "Griffith's Formulary"—"Ellis' Formulary"—"Braithwait's Retrospect," etc.

4. Physicians would lessen the risk of errors in their prescriptions, and increase the chances of their detection should they be made, by observing the following hints.

1st. Write the name of the patient at the top of the prescription, unless a good reason prevents this being done; in which case, it should be expressed as for Mr. G—, Mrs. R—, or Mrs. S.'s child, or for Master T—, so as to convey to the apothecary some idea of the age of the patient.

2d. The date and name of the physician or his initials, should always be appended, and, whenever practicable, the dose and mode of administering the medicine directed.

3d. When an unusually large dose of an active medicine is prescribed, as opium, morphia, elaterium, strychnia, etc., let such names be put in *italics*, and the quantity or quantities repeated in writing enclosed with a parenthesis; thus:—R Morphiæ Sulphatis grs. vj. (six grains.) Div. in chart. vj.

4th, When an active substance is to be used externally, it should be so stated on the prescription; thus, "For ex-

ternal application"—"To be applied to the part as directed," etc.

5th. The quantities of each article should be placed in a line with the name, and not below it and in using the Roman numerals, the *i's* should be dotted correctly.

6th. The occasional practice of writing the directions intended for the patient in *latin*, and especially in abbreviated latin, is uncalled for, and attended with some risk; it is far safer to write them in English, and without abbreviation or the use of figures, unless these are well and distinctly formed.

B. *In Respect to the Apothecary.*

1st. The apothecary should hesitate to dispense a prescription, the handwriting of which is so imperfect as to render the writer's meaning doubtful—especially if it involves agents of a poisonous or irritating character—unless he is able, from collateral circumstances, to satisfy himself of the intent of the prescriber. In such a case he should delay the delivery of the medicine to the patient until he can see the physician, and in doing so he should avoid committing the latter by agreeing to send the medicine when it is ready.

2d. The apothecary is justified in the same means of delay, if he, after deliberate consideration, believes that the physician has inadvertently made a mistake in the quantity or dose of the article or articles prescribed; always keeping in view the physician's reputation as well as his own. Every respectful application, in such cases, to a physician, should be met in good faith and with kind feeling, even though no error should prove to exist.

3d. In his demeanor and language, the apothecary should cautiously avoid compromising the physician, unless it be unavoidable, in which case honesty is the best policy, and the patient or his messenger should be told that it will be necessary to have an interview with the physician previously to compounding his prescription.

4th. The apothecary is not justifiable in making inquiries relative to the patient or his disease, or remarks relative to the character or properties of the medicines prescribed, that are uncalled for, or likely to convey a wrong impression, through an ignorant messenger, to the patient, excepting it be done in a case where he has doubts in re-

gard to the prescription, and wishes to satisfy himself, and here he should act with great discreetness.

5th. When an apothecary is asked his opinion of a physician's prescription in a manner that indicates want of faith in the prescriber, he should waive the question, unless by a direct answer he should be able to restore that confidence. When asked the nature of the ingredients, he should be guided in his answer by circumstances, avoiding to give the desired information, when he believes it would be contrary to the wish of the physician, or attended with injurious consequences. In other cases he should use his own judgment.

6th. Physicians being often unacquainted with practical pharmacy, pay little attention to the order in which the several articles entering into a prescription are arranged, with the view to facilitate the operations of dispensing. It hence becomes the first duty of the apothecary carefully to read the prescription and fix the proper order in his mind. He should, at the same time, acquire the habit of considering the quantities ordered in relation to the usual doses, and, also, the general bearing of the prescription; and a constant resort to this practice, based on due knowledge, must almost inevitably detect mistakes, if any have been made.

7th. Apothecaries should accustom their assistants to study prescriptions in this light, and to acquire such a knowledge of the doses and therapeutical uses of medicines as shall serve to guide them in avoiding errors.

8th the apothecary, when engaged in dispensing a prescription, should, as far as possible, avoid mental preoccupation, and give his attention fully to his task. He should acquire the habit of *always* examining the label of the bottle before using its contents, and he should satisfy himself that he has read the prescribed quantity correctly, by referring to the prescription anew before weighing out each article. It is also a useful precaution to have bottles containing mineral or vegetable poisons, distinguished by some prominent mark.

9th. As the conscientious discharge of his duty should be the aim of every apothecary, seeing that on his correct action depends in no slight degree, the usefulness of the physician, no pains should be spared to secure the efficiency of the medicines dispensed, whether they be drugs

or preparations. The latter should always be prepared of full strength, and according to the formulæ recognized by the United States Pharmacopœia, unless when otherwise specially ordered.

10th. The apothecary should always label, and number correctly, all medicine dispensed by him on the prescription of a physician; he should, also, invariably transcribe on the label, in a plain legible hand-writing, the name of the patient, the date of the prescription, the directions intended for the patient, and the name or the initials of the prescriber.

11th. The original prescription should always be retained by the apothecary, whose warrantee it is, in case of error on the part of the prescriber. When a copy is requested, if, as in many instances, no objection can be urged, it should be a *fac simile* in language and symbols, and not a translation.

12th. In no instance is an apothecary justifiable in leaving his business in charge of boys, or incompetent assistants—or in allowing such to compound prescriptions, excepting under his immediate and careful supervision.

13th. In justice to his sense of the proper limits of his vocation, to the medical profession, and to his customers, the apothecary should abstain from prescribing for diseases, excepting in those emergencies, which occasionally occur, demanding immediate action, or, in those every day unimportant cases where to refuse council would be construed as a confession of ignorance, calculated to injure the reputation of the apothecary, and would be attended with no advantage to either physician or patient.

14th. The sale of quack or secret medicines, properly so called, constitutes a condsiderable item in the business of some apothecaries. Many of the people are favorably impressed towards that class of medicines, and naturally go to their apothecaries for them. It is this which has caused many apothecaries to keep certain of these nostrums, who are ready and willing to relinquish the traffic in them, but for the offence that a refusal to supply them to their customers would create. At present all that the best disposed apothecary can be expected to do, is to refrain from the manufacture himself, of quack and secret medicines; to abstain from recommending them, either verbally or by exhibiting show-bills, announcing them for

sale, in his shop or windows; and to discourage their use, when appealed to.

15th. Having in view the welfare of the community and the advancement of pharmaceutic science and interest, it is all important that the offices of prescribing and compounding medicines should be kept distinct in this city and surrounding districts. All connection with, or moneyed interest in apothecary stores on the part of physicians, should, therefore, be discountenanced. With respect to the pecuniary understanding said to exist in some instances, between apothecaries and physicians, we hold, that no well disposed apothecary or physician would be a party to such a contract, and consider the code of Ethics of the College of Pharmacy and the Constitution of the Philadelphia County Medical Society as sufficiently explicit on this subject.

16th. In reference to the patronage on the part of Physicians of particular apothecaries, we are of opinion, as a general rule, that Graduates in Pharmacy should be encouraged in preference to others of the same date of business, and whilst admitting the abstract right of the physician to send his prescription where he pleases, we think that justice should dictate the propriety of his encouraging the nearest apothecary deserving of his confidence and that of the patient.

D. Francis Condie,
Wm. Maybury,
G. Emerson,
} *Committee of County Medical Society.*

Wm. Proctor, Jr.,
H. C. Blair,
John H. Ecky,
} *Committee of Phila. College of Pharmacy.*

[*American Journal of Pharmacy.*

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*Use of Diluted Pyroligneous Acid as a Gargle.* By John Evans, M. D., Professor of Obstetrics, &c., in Rush Medical College.—I have for several years been using diluted Pyroligneous Acid as a gargle in cases of inflammation of the fauces and tonsils with better success than any other article that I have prescribed.

I put a teaspoonful of the acid obtained from thes hops into a wine-glass of water and direct the patient to gargle the throat frequently with it.

In the sore throat caused by exposure, so common throughout the country, it generally relieves the soreness and stiffness felt in swallowing very promptly.

In chronic inflammation, with or without ulceration, of the throat, I have found it a very valuable remedy.

In the sore throat of Scarlatina it has generally afforded a very prompt amelioration of this symptom of the disease.

In several cases of habitual tonsilitis, by using this gargle freely at the commencement of the disease, I have been able to arrest the progress of the iuflammation and secure a resolution.

Its use is not unpleasant; it is safe, even if used for hours continuously, and has an additional advantage in removing the fœtor of the breath.—*North Western Medical and Surgical Journal.*

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*A Case of Fistula in Ano with Impacted Fæces* By Dr. L. H. Allen.—Dr. George Hoy, a man of strong constitution, came from Geneva to Owego, about the 1st of June, 1850, laboring under an occult disease. On the 17th, I was requested by his father to see him. The patient had been in the daily use of morphine for several weeks, but had been very recently advised by Dr. Lovejoy of Owego to lay it aside. The suffering which he experienced in consequence of suspending the use of morphine, was the occasion of my being called. I found him writhing under severe pain in the rectum, somewhat like a violent tenesmus. He could give me no account of his case, from which I could form any satisfactory conclusion. Seeing the terrible agony which he was in, I at once advised him to resort to the morphine, for present relief, and until his true state could be discovered. He took the anodyne, and I left him, without making any appointment to see him again, inasmuch as the patient and his father's family were favoring the homœopathic humbug. The patient immediately sent by telegraph to Geneva, for Dr. Bryan, Professor of Surgery. On Wednesday evening, of the

19th of June, Dr. Bryan came out, and the father called on me late in the evening, saying that the Dr. had found a tumor, which he proposed to operate for. Doctors Arnold, Eastman and myself met Dr. Bryan. He had ascertained the existence of a fistula in ano, and a tumor of an unknown character. The use of the chloroform was agreed upon, prior to any further examination, as the rectum was most acutely sensible to the slightest touch. The chloroform was given, and Dr. Bryan, in clearing the rectum from fæces, in order to an exploration of the tumor, found the tumor itself disappearing. The fistula was divided very easily, and the patient was supposed to be cured. Dr. Bryan left early the next morning, in the cars. Soon after, I was called in, and found the patient suffering as excrutiating pain in the rectum, as when I first saw him. A slight examination satisfied me that the difficulty arose from the presence of hardened fæces, which an irritable rectum would not allow to pass. I called in Dr. Eastman, and we immediately gave the patient chloroform, and proceeded to clear the rectum as well as we could. A large quantity was removed, whilst it was evident that the hardened fæces extended far into the colon. After keeping the patient under our hands for about an hour, we put him in bed to wait for further developments. We found him at night in as much agony as before, and evidently from the same cause. In compliance with the earnest solicitation of the patient, we permitted him to take *seven grains* of morphine. This procured him some relief through the night. On the next morning, (Friday, 21st,) Drs. Eastman, Arnold, and myself, subjected the patient to the same operation, with equally good success. Injections were thrown up after each operation. On Saturday morning, there was a slight voluntary passage from the rectum. Injections were continued. The stomach, at this time, was so irritable as to be unable to bear any substance or fluid. On Sunday, the 22d, we directed that injections should be given of animal broth. This treatment was continued to the 26th, when, at evening, we gave him a small quantity of the infusion of senna and rhubarb; and on the followieg day a tablespoonful of castor oil, and applied a mustard poultice over the region of the stomach. The only substance which he took into his mouth, for several days, was ice, the stomach not

admitting even the swallowing of that. The difficulty and pain in the rectum now began to increase again; the patient was feeble and restless, and a resort to art became necessary. On the 28th, Dr. Arnold and myself put him under the influence of chloroform, and removed the contents of the rectum, at the same time throwing up injections, thus soliciting the descent of the contents of the colon. We made use of simple cold water, or alum water. On the day following, the laxatives which the patient had taken previously, passed off, and the action of the stomach and bowels was beginning to be restored. Light nourishment was taken, and after this, he improved rapidly, and in the course of a few days was able to leave Owego.

The patient admits that a little more than two months elapsed, without his having a stool of any consistence. He experienced discharges similar to dysenteric evacuations, and supposing that his disease was something of that character, he took at one time tannin, as an astringent, and to relieve the pain, he had taken for some time, according to his own statement, from ten to twelve grains of morphine daily, and says he had taken as high as twenty grains in twenty-four hours. This case was strictly one of constipation, with *fistula in ano.*

The case will serve to show the importance and practicability of removing impacted fæces, in the large intestines; and we may infer also that many cases of obstinate constipation, which proved fatal, might, by persevering effort, have been cured.—*Transactions of Med. Association of Southern New York.*

Owego, May, 1851.

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*A Case of Hernia Cerebri successfully treated by Pressure.* Read before the St. Louis Medical Society. By D. M. Cooper, M. D.—On the 17th January, 1849, I was requested to see a boy, called Bradly, about 13 years old, who, a few days previous, had fallen from a horse, producing a compound and comminuted fracture of the cranium, a little anterior to the centre of the right parietal bone. The detached pieces of bone were removed immediately after the accident, and the patient had been under judicious treatment. When I first saw him he had slight

fever; his skin was hot and rather dry; his face was flushed; the tongue was moist, however. The wound in the head was very offensive, owing to the integuments being in a sloughing condition. The boy's mind was unimpaired. I ordered the wound to be dressed with one part of the liquor of Labarraque to 4 parts of water, applied by means of lint. I also ordered the following diaphoretic:

Take Spts. Ætheris Nitrici, 1 ounce;
Liquoris Ammoniæ Acet. 3 "
M. S.—a dessert-spoonful every 2d hour.

His bowels were open, consequently I did not prescribe a cathartic.

18th. The skin moist; pulse not so frequent; face still flushed and the wound in the same condition. The fœtor had been corrected in some degree by the chloride of soda. Treatment continued.

19th. Patient doing well. Same dressing continued to the wound. A dessert-spoonful of the diaphoretic to be given every 4th hour.

24th. The patient has been progressing favorably since the 19th. He has been on very light diet and has taken the diaphoretic at intervals with an enema. The wound was clean this morning, the slough having separated during the night, bringing to view, what I apprehended, a *hernia cerebri*. After a thorough examination, I became satisfied that the protrusion was a true hernia cerebri, and not a growth from the *pia mater*. It was about the size of the half of a walnut, and not constricted at its base—there being no impaction in the orifice. In consequence of the latter circumstance, I did not dread sloughing. I placed a compress saturated in a solution of sulphate of zinc (2 grains to the ounce of water) over the cerebral protrusion and then applied a bandage lightly. The febrile symptoms having disappeared, I discontinued the diaphoretic, but left strict injunctions relative to the necessity of light diet and perfect quietude.

25th. The boy doing well, but the hernia increased in size. I continued the same dressing, increasing the pressure.

26th. The protrusion was diminished in size, and the edges of the wound in the scalp showed signs of healthy granulation.

July 10th. The treatment by pressure was continued up to this date. The hernia has receded completely within the cranial orifice, and granulation has proceeded so favorably that there is only a small circular opening in the scalp, from which healthy pus is discharged.

August 9th. The wound in the scalp has closed. There is no disposition on the part of the cerebrum to protrude; the elevation and depression of the cicatrix, however, mark the cerebral pulsations. I discontinued my visits this day, after recommending the patient to continue the application of the compress and bandage for some time, and after giving directions respecting a protective plate to be worn in future.—*St. Louis Med. and Surg. Journal.*

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*On the Uses of the Neutral Sulphites in Diseases of the Stomach connected with the production of Sarcinæ Ventriculi.* By W. Jenner, M. D., London.—A case of the disease described in the last article is made the subject of a clinical lecture by Dr. Jenner. The main symptoms are, copious daily vomiting, flatulence, distention, and the train of symptoms usually referred to malignant disease of the stomach. The yeasty appearance of the ejecta induced the author to examine with the microscope, and he found an immense quantity of *sarcinæ* and *torulæ*. Ordinary treatment failing, he determined to give the sulphite of soda, being led to do so by the known effects of sulphurous acid upon parasitic vegetable growths. The effects were gratifying, as regards relief, but the more ultimate results are not ascertained.

Before taking the medicine the patient vomited daily from 40 to 100 ounces of fluid, loaded with sarcinæ and torulæ: thus on the 1st of April he vomited 100 ounces; on the evening of the 2d, between 70 and 80 ounces, although he had the same morning, from the action of sulphate of zinc, vomited 50 ounces. No vomiting on the 3d. On the 4th, in consequence of the extreme pain and sense of distension, sulphate of zinc was administered.

On the 5th he took half a drachm of the sulphite of potash early in the morning; in the evening he vomited. On the 6th the dose was increased to one drachm. On the 7th he vomited 12 ounces only of acid fluid, on the surface of which there was but a small amount of scum: it contained perfect sarcinæ, but no torulæ.

From the 8th he took three drachms of the sulphite daily, each dose being given in a drachm and a half of water. At six A. M. on the 9th he ejected from the stomach 4 ounces; the sarcinæ were now decidedly less numerous, and there were no torulæ. In the evening of the 6th he again vomited, but the vomited matters were now free from sarcinæ and torulæ, and there was no appearance of fermentation. Between the 9th and 18th he vomited three times, but on neither occasion did the vomited matter contain sarcinæ or torulæ.

On the evening of the 18th the sulphite of potash was omitted; and on the 19th he vomited a fluid in a state of fermentation, containing torulæ, but no sarcinæ. On the 20th he vomited 9 ounces of a similar fluid; these specimens were examined by a most trustworthy observer, Mr. Morris, the physician's assistant. On the 21st there was a thick scum on the surface of the vomited matters, which contained sarcinæ and torulæ in abundance.

The sulphite of potash, in drachm doses, was again administered; no further vomiting occurred till the 27th, when, without any apparent cause, it recommenced; the vomited matters had their old yeast-like odour and appearance, and were loaded with sarcinæ and torulæ. Dr. Jenner now began to suspect that the man could not be taking his medicine regularly; but on inquiry no omission could be discovered. The medicine itself was then tested, and it was found that it gave off no odour of sulphurous acid on the addition of a stronger acid. At the dispensary we learned that a fresh stock of the drug had come in on the 20th. On submitting a specimen to Mr. Graham, he found that it contained no trace of sulphurous acid. At his suggestion, Dr. Jenner prescribed from this time the sulphite of soda, a more stable salt, and one less liable to be decomposed either in the preparation or by keeping.

On the 29th he took half a drachm of the sulphite, which on the 2d of May was increased to a drachm, three times a day. There was no vomiting till the 5th. He now took carbonate of soda, in consequence of a burning pain in the epigastrium; on the 13, 15th, and 16th he again vomited sarcinæ, and the soda was omitted; from this time to the 10th of June the sarcinæ disappeared. During these thirty-three days he ejected 230 ounces of acid fluid. During the former eight days the quantity was 380 ounces.

[*Ranking's Abstract.*

*The Profession of Medicine.*—We copy the following letter from Prof. Lee as an act of justice to himself and the University of Buffalo with which he is connected. It was addressed to the editor of the *Ohio Medical Journal* and explains itself.

My Dear Sir: In the last number of your Journal I notice, in a review of Dr. Wood's, "*Hints to the People upon the Profession of Medicine*," published by Mr. Derby, of this city, some animadversions upon myself and colleagues of the Buffalo Medical College, for a recommendation of the same, as found in your advertisements. It is due to myself to say that my name was appended to said recommendation without my knowledge and consent, and while I was absent in New York. I am also authorized in saying that Professor Hadley, and probably others, whose names are appended thereto, never saw the paper until published in your Journal.

The remarks you have quoted, doubtless, do great injustice to our medical schools, and the character of medical students, and are altogether unworthy of the author of the essay in which they appear. I disapprove of them as much as you do, and regret that, through inadvertance, probably, they were allowed to go forth to the world; for I have so much confidence in the candor and good sense of the author, that I have no doubt he would have suppressed them, had he given the matter a little reflection. But still, they are but as spots on the disc of the sun, resplendent with light and glory; and as I look upon the essay as a whole, I see there specks, no more than I do the natural spots on the sun's surface, which require a smoked glass, or a telescope, in order to bring them into view. Had I been applied to, I am free to say, I should have recommended the essay; not supposing, however, that by so doing, I should have been understood as endorsing every sentiment and statement therein contained, just as you publish many things, which you would hardly be willing to endorse, and perhaps decidedly disapprove. We must be a little charitable towards each other, and not be hasty to condemn where the motives appear to be praiseworthy. It has been the fashion with some uneasy spirits to find fault with medical schools and

medical education; to run down every thing indigenous, and praise every thing of exotic growth; to preach incessantly—*reform, reform*, without the slightest effort to reform themselves, or do any thing to advance the progress of medical education, or improve the state of the profession. It is the easiest thing in the world to grumble and find fault, and more individuals, doubtless, suppose that by so doing they show their own superiority; but all honorable and candid minds draw a different conclusion. If we look at the state of the medical profession in the United States, as it existed twenty years ago, and compare it with the present, we see a most astonishing advance in medical education, greater than can be shown in any other profession or calling, and the change must chiefly be attributed to the superior instruction furnished by our Medical Colleges. An improvement has been constantly going on, and if the *croakers* would but lend a hand, and be a little more particular with regard to the character, and preliminary education and qualifications of those whom they admit into their offices as private students, we should in a few years see a still more rapid improvement, and we should not be accused of graduating those who are unfit to be enrolled as members of the profession.

The Israelites would doubtless have furnished good brick, if they had only had *straw*, as our Medical Colleges will turn out good doctors, if they have the proper materials. I would as soon think of making the axle of a railroad car out of white-wood, or a dwelling of corn-cobs, or seeing wooden nutmegs fructify, as a scientific, well-qualified practitioner out of some of the material that is sent us; and yet we are required not only to furnish instruction, but brains; to furnish the inner, and polish the outer man; to improve the morals, and finish the manners; to turn out, in short, none but Sydenhams and Borhaaves, Hunters, Gregorys, Coopers, Lawrences, Rushes and Godmans. Well, we will do all we can; but our brethren must not be too exacting; in general they are not; the grumblers are comparatively few, and yearly growing fewer; but we beseech them to be a little more particular as to the material which is supplied to our medical schools; for corn does not yield wheat flour, nor squash-seed, water-melons; nor cheat change into wheat. Let them but do their part, we will then do ours. Let us

cultivate a good understanding, and pull all together, and not stand grumbling and fault-finding, when there is need for united and constant exertion. But, to return to Dr. Wood's essay,—I am willing to have it go forth as it is: though I should prefer to see the unsightly excrescences you have pointed out lopped off. It is calculated to do great good, and I desire, therefore, to see it widely circulated. A physician whose beat is infested with piratical marauders and interlopers, quacks, who are trying to climb up some other way, and poach upon their honest neighbor's possessions, should go armed with these pamphlets for gratuitous circulation. They will prove as fatal to the whole tribe as arsenic to rats; whether they be homœopathic, hydropathic, eclectic, botanic, or mesmeric. Their name is legion. I am willing to risk any contingent evil, for the certain good which they will produce. The essay shows a masterly mind—a comprehensive, philosophical, far-reaching intellect, which views a subject in all its bearings and relations, and illustrates with the clearness of a sun-beam. Honor then, to whom honor is due; and let us not seek for smoked glass, or magnifying lenses, to discover specks and spots; but hail the blessed light, and rejoice in its beams.

Truly, your friend,

CHARLES A. LEE, M. D."

*Buffalo, January* 26, 1852.

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*Advertising Doctors.—Extract from the code of Ethics adopted by the National Medical Association.*

"It is derogatory to the dignity of the profession, to resort to *public advertisements, or private cards and handbills,* inviting the attention of individuals affected with particular diseases,—*publicly offering advice and medicine to the poor gratis,*" *&c.*

The foregoing extract is cited in view of the fact which is notorious, that the Faculty of the University of the city of New York has long been in the habit of these precise "practices of empirics," which are declared by the same code to be "highly reprehensible in a regular physician."

Having long since rebuked these unprofessional devices of quackery, for such they are, in however high places they are adopted, our attention has been renewedly called to the subject by the recent advertisement of *Professor Valentine Mott*, in the penny and two-penny papers of the city, "publicly offering advice and medicine to the poor gratis" in open violation of the above ethical rule, under the cover of the "college clinique" at the University in 14th street.

Our readers are aware of our exalted estimate of Dr. Mott, so often expressed; nor are our opinions changed as to his character or ability, either as a teacher or practitioner. But the higher the position he has ever held in our esteem, the greater our regret and humiliation to find his name associated with aught that is "derogatory to the dignity of the profession." Grant that it is the fruit of his recent renewal of associations with the men who have repented of having "eaten the oyster and thrown away the shell;" yet he should not soil his professional ermine, by consenting to any course unworthy of himself, and declared by our highest medical authority to be "highly reprehensible in a regular physician."

The influence of his example in this particular can not fail to enlist a host of imitators, who may deluge the newspapers with similar advertisements with impunity. For if "college cliniques" and those who hold them, may thus trample on the code of ethics, and our "Academy of Medicine" fail to discipline the offenders, by what rule is any member of the profession to be shunned and ostracised as a quack, and even refused admission into the "Academy" who commits no other offence than to advertise the clinique held in his office, and with the same stale trick of "Advice to the poor gratis?" We pause for a reply;—for we hold that no privileges of exemption from established ethical rules can be justly claimed by *professors*, to which every other member of the profession is not equally entitled.

Our neighbor of the Scalpel, a pupil of Dr. Mott, has been denounced and proscribed for years past, no other offence having been alleged than that of following in the footsteps of his illustrious master, by becoming what has been opprobriously termed an "advertising doctor." The indignation of the whole medical fraternity has been in-

voked against a "certain college" for having conferred the honors of the profession upon an individual in this city, because of his alleged "advertisements" to treat a certain class of patients, which were never a whit more exceptionable than the advertisement now appearing by Dr. Mott. And though, like every body else in the profession, he doubtless treated the "poor gratis," yet even *he* refrained from "publicly offering" to do so by advertisements in the Herald.

We could name an individual Oculist of this city, of sterling worth as a man, and acknowledged ability of a high order in his profession, who because he announced himself on his arrival in the country, by advertisements in the secular papers, setting forth his lectures, his cliniques and his "operations on the poor gratis," has been persecuted, and even insulted by professional dignitaries, until his sensitive nature, and modest merit had to be developed in the shade of that Coventry to which he had been consigned, and yet he has long since constrained the respect of the very men who proscribed him, by his reputation and success. Dr. W. will bear with us for giving his initials, because we wish to be understood.

To speak plainly, as is our wont, the profession generally, here and elsewhere, are becoming sensitive on the subject of these "advertisements" and other ethical improprieties, endured when committed by Professors, and punished among what some are pleased to call, the laity of the profession. For example, wherein consists the difference between the "advertisements" of the following *M. D.'s* except that they hail from different colleges. They all equally violate the ethical rule above cited by advertising; and as to publicly offering advice to the poor gratis, this is declared to be a double offence.—*New York Medical Gazette.*

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*Arsenic Eaters.*—If the following statements are true they establish some very startling facts. We confess, however, that we have strong doubts whether the human stomach could ever be rendered tolerant of 4 *grains of*

*arsenic*, or 40 *of corrosive sublimate*, per diem. The authority is given by the writer in the London Lancet, who says :—

A trial for murder took place lately in Austria, in which the prisoner, Anna Alexander, was acquitted by the jury, who, in the questions put to the witnesses, in order to ascertain whether the murdered man, Lieutenant Mathew Wurzel, was a poison-eater or not, educed some curious evidence relating to this class of persons. As it is not generally known that eating poison is actually practised in more countries than one, the following account of the custom, given by a physician, Dr. T. von Tschudi, will not be without interest. In some districts of Lower Austria and in Styria, especially in those mountainous parts bordering on Hungary, there prevails the habit of eating arsenic. The peasantry in particular are given to it. They obtain it under the name of *hedri* from the traveling hucksters and gatherers of herbs, who, on their side, get it from the glass-blowers, or purchase it from the cow-doctors, quacks, or mountebanks. The poison-eaters have a two fold aim in their dangerous enjoyment; one to obtain a fresh, healthy appearance, and acquire a certain degree of *embonpoint*. The number of deaths in consequence of the immoderate enjoyment of arsenic, is not inconsiderable, especially among the young. Every priest who has the cure of souls in those districts where the abuse prevails, could tell of such tragedies; and the inquiries made by Dr. Tschudi on the subject have opened out very singular details. The second object the poison-eaters have in view, is to make them, as they express it, "better winded!" that is, to make their respiration easier when ascending the mountains. Whenever they have far to go, and to mount a considerable height, they take a minute morsel of arsenic, and allow it gradually to dissolve. The effect is surprising; and they ascend with ease heights which otherwise they could climb only with effort. The dose of arsenic with which the poison-eaters begin, consists, according to the confession of some of them, of a piece of the size of a lentil, which in weight would be rather less than half a grain. To this quantity, which they take fasting several mornings in the week, they confine themselves for a considerable time; and then gradu-

ally, and very carefully, increase the dose according to the effect produced. A strong, hale man, upwards of sixty, takes at present at a dose a piece of about the weight of four grains. For more than forty years he has practised this habit, which he inherited from his father, and which he in his turn will bequeath to his children. It is well to observe, that neither in these nor in other poison-eaters is there the least trace of an arsenic cachexy discernable; that the symptoms of a chronic arsenical poisoning never show themselves in individuals who adapt the dose to their constitution, even although that dose should be considerable. It is not less worthy of remark, however, that when, either from inability to obtain the acid, or from any other cause, the perilous indulgence is stopped, symptoms of illness are sure to appear, which have the closest resemblence to those produced by poisoning from arsenic. These symptoms consist principally in a feeling of general discomfort, attended by a perfect indifference to all surrounding persons and things, great personal anxiety, and various distressing sensations arising from the digestive organs, want of appetite, a constant feeling of the stomach being overloaded at early morning, an unusual degree of salivation, a burning from the pylorus to the throat, a cramp-like movement in the pharynx, pains in the stomach and especially difficulty of breathing. For all these symptoms there is but one remedy—a return to the enjoyment of arsenic. According to inquiries made on the subject, it would seem that the habit of eating poison among the inhabitants of Lower Austria has not grown into a passion, as is the case with the opium-eaters in the East, the chewers of the betel-nut in India and Polynesia, and of the cocoa-tree among the natives of Peru. When once commenced, however, it becomes a necessity. In some districts sublimate of quicksilver is used in the same way. One case in particular is mentioned by Dr. von Tschudi, a case authenticated by the English ambassador at Constantinople, of a great opium-eater at Brussa, who daily consumed the enormous quantity of forty grains of corrosive sublimate with his opium. In the mountainous parts of Peru the doctor met very frequently with eaters of corrosive sublimate; and in Bolivia the practice is still more frequent, where this poison is openly sold in the market to the Indians. In Vienna the use of arsenic is of

every-day occurrence among horse-dealers, and especially with the coachmen of the nobility. They either shake it in a pulverized state among the corn, or they tie a bit the size of a pea in a piece of linen, which they fasten to the curb when the horse is harnessed, and the saliva of the animal soon dissolves it. The sleek, round, shining appearance of the carriage-horses, and especially the much admired foaming at the mouth, is the result of this arsenic-feeding. It is a common practice with the farm-servants in the mountainous parts, to strew a pinch of arsenic on the last feed of hay before going up a steep road. This is done for years without the least unfavorable result; but should the horse fall into the hands of another owner who withholds the arsenic, he loses flesh immediately, is no longer lively, and even with the best feeding there is no possibility of restoring him to his former sleek appearance. [The preceding extraordinary statement is abbreviated from a recent number of *Chambers's Edinburgh Journal*, in which it is given as authentic. The use of arsenic in improving the condition of horses is not unfrequent in this country, and its value in the cutaneous diseases of man is established. Such facts, in some degree, confirm these statements; but we entertain grave doubts that an agent of such uniform power as arsenic, could be commenced and habitually continued, in the large doses here mentioned, without producing effects the converse of those described.]

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*The Cholera of* 1848 *in Russia.*—The Minister of the Interior at St. Petersburg has just issued an official statement touching the cholera of 1848. From this document it appears that in the whole country 1,686,849 individuals were attacked by the disease, of whom 668,012 fell victims to the scourge. From observations appended, we learn:—1. That the epidemic in general spread from its focus to the surrounding country in the direction from east and south to the west and north. 2. In the spring of 1848 intermittent fever prevailed to a great extent over the whole of Russia, and presented, as had been the case in former years, that peculiar connexion with cholera

which had been noticed before. 3. Besides this fever, stomach complaints were very frequent, and dysentery was always the precursor of the attack. 4. The cholera broke out in various localities both spontaneously and after the arrival of people who came from parts where the disease was reigning. In the first case, it was noticed that the meeting of many people, as at fairs, favoured the development of the epidemic. 5. The cholera made the greatest havoc in low, damp, and unsheltered districts, and did less harm wherever it had reigned before. Much heat and drought increased the severity of the epidemic, whilst the dampness of the air and rain diminished it, and sometimes arrested its development altogether. The sudden and unexpected changes took place during storms, and rapid transition from cold to warm, and during shifts in the direction of the wind.—*London Lancet.*

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*Honors of Medical Men.*—It has pleased the Queen to grant permission to Mr. Owen, the distinguished Professor of Comparative Anatomy at the College of Surgeons, to reside in one of the houses on Kew Green which belonged to the late King of Hanover. The gift was accompanied by a very flattering letter from Prince Albert to the professor. Another of the houses on the same green has, we understand, in a like kindly spirit, been presented for a residence during life to Dr. Joseph Hooker. We have also to record a mark of royal favor bestowed by a foreign sovereign on Professor Owen. Our readers know that the King of Prussia instituted some time since an Order of Merit, for men distinguished in art and in science—and which consists of sixty chevaliers, thirty Prussians and thirty foreigners. Amongst the latter was the late Professor Oersted; and Professor Owen has been selected by Frederick William to supply the vacancy occasioned by his death. In this order there are now five Englishmen:—Mr. R. Brown, Sir David Brewster, Sir J. Herschel, Mr. Faraday, and Professor Owen.—*London Lancet.*

*A Case of Chorea treated by Chloroform.* By Wm. A. Milner, M. D., of Union Parish, Louisiana.—I believe it is generally admitted that but little more is known of the nature of this disease, than that it is a functional derangement of the nervous system. It is, therefore, not my design to advance pathological views upon a snbject so imperfectly understood by abler and more experienced practitioners, but merely to give the treatment of a single case, which will, perhaps, not be uninteresting.

I am aware, too, that the prognosis of uncomplicated chorea is generally favorable, there being instances of spontaneous recoveries; nevertheless, it is a very ugly, and I may say formidable disease, and one which excites the greatest interest and solicitude on the part of friends and parents.

June 5. My attention was called to the daughter of Mr. L., aged nine years. She was able to run about, but there was irregular motion of the hands, and some slight twitching of the muscles of the lips and face; she was yet able to feed herself—complained of some headache. She was taken from school two months previous to my seeing her, from complaing of headache and general, but slight indisposition. *Prescription*—Active purge of rhei, colocynth and calomel every third night. Being rather anæmic, put her on Valet's ferruginous pill, three times per day.

June 8. Bowels are well acted upon; but the case has grown rapidly worse. It seems that every voluntary muscle in the whole system is in motion; deglutition is performed with great difficulty—requires two persons to hold her up. Average sleep in twenty-four, one to two hours, in very short naps. *Prescription*—¼ gr. sulph. morph., repeat every hour until sleep is induced; applied blister, two and a half by six inches, over dorsal region; sulph. zinc, one grain three times per day.

June 10. My patient has eaten nothing of consequence for two days; stomach very irritable; the zinc was rejected—repeated, and rejected, for two days; morphine seems to aggravate, even in one grain doses, instead of quieting and inducing sleep. Blister drew well, and is considerably irritated from the incessant motion, which makes me regret having put it on. *Prescription*—Oil and turpentine to move the bowels; stop the zinc, and gave comp. tinct. gentian ℥j., and ℥j. infusion snake root, three

times per day, with 1 gr. ext. hyoscy. at night, and repeat once, in an hour, if required.

June 11. Patient rested better last night, stomach is quieted, and desires to eat Continued same treatment.

June 12. Patient passed a restless night; has some erysipelatous spots on hands and feet, which I attribute to hyoscy., having taken 2 grs. last night. The stomach is quiet; eats soup or gruel with difficulty; takes nothing solid. The muscular disturbance is still very great; no appreciable amendment.

Dr. Milner then resorted to chloroform, and by July 5th his patient was quite clear of all symptoms of chorea. The cure he attributes to the inhalation of chloroform.

[*Southern Medical and Surgical Journal.*

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*Chloroform in Infantile Convulsions.*—This remedy is highly recommended in the convulsions of infants, by Dr. Simpson, of Edinburgh, in cases where they depend upon reflex, eccentric, or sympathetic causes.

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*On the Transformation of the two Aortæ into one in Embryonic Vertebrata.*—M. Serres read a paper before the Academy of Sciences of Paris, on the 22nd of December, wherein he confirms the experiments of Dr. Allen Thompson and Mr. Milne Edwards, touching the time of embryonic life, when the originally double aorta is conjoined into one. M. Serres placed the embryo chicken with the omphalo-mesenteric membrane on a plate of glass; as the action of the air and cold arrests the circulation, the blood becomes coagulated in the vessels, the transparency of which allows the sanguineous injection to be seen. By means of a serie; of preparations thus arranged, the above mentioned union is seen to take place towards the middle of the dorsal region from the fiftieth to the sixtieth hour; it then extends upwards from the sixty-fifth to the seventieth hour, and progesses downwards from this latter period. Thus, at the end of the third day, and, at the latest, of the eighty-fifth hour, the two arterial trunks are united, and form but one vessel.—*London Lancet.*

*Vital Statistics of the Medical Profession.*—It appears from the annual report, read by the Secretary of the Medical Society of the first district of Paris, that out of the 80 members who have been connected with the Society for the last seven years, three only have died. This first district (one of the cleanest and wealthiest in Paris,) seems to be favored in a sanitary point of view. According to the returns, one inhabitant, in that district, dies out of 58.66; whilst over the whole of France there is one death in 39-7 inhabitants. The above statements would seem rather favorable to the medical profession, but the following table, published by Casper of Berlin, is not so encouraging. Out of a hundred persons engaged in different callings, the following have lived beyond 70 years:—Divines, 42; agriculturists, 40; merchants, and persons holding the higher offices, 35; soldiers, and people holding situations of an humble description, 32; barristers, 29; cultivators of any of the fine arts, 27; professors and teachers, 27; and *medical men* 24.—*Ibid.*

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*Common Salt in Ague.*—Our readers remember that M. Piorry has for some time been advocating the use of common salt in ague; he has in several instances met with success, as well as M. Scell Montdezert. M. Parant has lately published, in the Transactions of the Medical Society of Toulouse, four cases, in which he gave one ounce of chloride of sodium in six ounces of water, in three doses, two hours before the fit. The cases were all successful; it is, however, not mentioned in how many instances the remedy failed to cure the patients.—*Ibid.*

# THE WESTERN JOURNAL.

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LOUISVILLE, MAY 1, 1852.


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### SPIRITUAL WRITINGS.

The extracts under this head in our last number occupied more space than we supposed they would, and as a consequence we were not able to conclude what we wished to say in regard to the *Spiritual Writings;* but our readers need not be alarmed—we shall not weary their patience much longer with our dissertation on this subject.

We have said that there appears to us to be a striking analogy between the condition of the nervous system which leads to these writings, and that which existed in the persons who were affected with the "jerks;" and some further facts which we have now to add will, we think, render this still more apparent. Thus, while this singular affection was not confined to any class or sex, but men and women, black and white, were its subjects, still it was observed that women were much more apt to fall into it than men; and it was also remarked that those who had once

been seized were particularly liable to a second attack, and jerking or swooning readily became a habit. "Women," it is stated, "had their nerves so weakened by the frequency of these attacks, as to fall while walking to or from the meeting-house, engaged in narrating past exercises without any uncommon emotion, and drop from their horses on the road."

Many instances of this acquired habit of the nervous system are recorded by the writers of that period. Thus, Dr. Cleland, an estimable and pious clergyman, relates that riding one day with a lady, the wife of a presbyterian elder, who had been sometime previously affected with the jerks, it occurred to him to try whether they might not be renewed simply by starting a particular train of ideas in her mind. The conversation just before had been of an indifferent character; he changed it abrupily to devout and solemn subjects, and adds, that "before two minutes had elapsed, her body began to be violently agitated, pitching upward and forward, from the saddle halfway to the horse's neck six or eight times in a minute."

There were those who struggled long and earnestly against the disposition to fall, but were forced to yield at last. One fell, after bitterly opposing what was esteemed a "divine work," and another, exclaiming that it was "an unfortunate sight and a great mortification." "One dropped, as if shot, just after expressing his fears that the work was not right." A father threatened his swooning daughters that he would beat them if they ever came to such a place again, and fell with the words in his mouth. A man fell at Lexington, "who had told an acquaintance if he fell he might put his foot on his neck and keep him down."*

Not only were there these involuntary motions, the result of sympathy, but in many of the subjects there was also the unconsciousness and insensibility presented by the mesmeric state. Persons, to their great surprise, found themselves unable to move when they wished. One young lady is mentioned who was not aware of any change in her condition, and was amazed to find the people flocking around her; but then making an effort to move she found herself powerless. Some, while in this state, were both conscious and capable of conversing; others were speechless. The most energetic stimulants, as in artificial somnambulism, made no impression upon the sentient nerves. A phial of harts-

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*Davidson's Hist. Presb. Church in Kentucky.

horn was applied by a clergyman to the nose of a stout young man, who was lying flat on his back, and by accident some got into his nostrils; "but he took not the slightest notice of it."

On one occasion Lorenzo Dow, while preaching in the court-house at Knoxville, Tenn., the Governor of the State being present, saw one hundred and fifty persons exercised with the jerks. At another meeting, where the excitement had risen to a wilder pitch, three thousand persons were reported to have fallen. The influence by which these strange manifestations were induced, as every one must be prepared to learn, was held by the multitude to be supernatural. It was esteemed, as we have said, a divine work, which it was hazardous and sinful to oppose. The subjects were often in an ecstatic state, and had visions and revelations. They saw dazzling light such as they could not behold. "Two women," says a historian of the times, "have fallen into trances, and one has passed a golden bridge to heaven; the other has been in heaven," &c., &c.

No doubt there were sensible and discreet men, probably physicians, who believed that these people were in communication with the spiritual world. No one believes so now; and yet the "spiritual writers" may be defied to bring out anything more marvelous than the phenomena afforded by the "jerks." These things—mesmerism, the jerks, spiritula writing, all in them that is not fraud and deception—belong, then, in our judgment, to the same category, and have their origin in a peculiar, perverted state of the brain. It is a state easily induced in some individuals, while others are capable of resisting it. The subjects of mesmerism are found to be the apt spiritual writers, as the believers in clairvoyance are those who yield the readiest credence to its being the work of spirits.

We do not deem it worth while to write against the thing. It *will* have its day. The populace will be carried away with it; some will lose their senses, and commit crimes, or get into mad-houses; and then, after a time,

"——— —— all this derision
Will seem a dream, and fruitless vision."

As an apology for the length to which we have extended our remarks upon this subject we have said, that the miserable superstition has ended, in not a few instances, in deplorable insanity. In this city we already hear of persons who are fully persuaded that they hold daily converse

with the spirits of their departed friends, and one young man is understood to have been impelled to suicide by these spiritual writers. We may not be able to arrest the delusion, but it ought, at least to be exposed.

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MEDICAL SOCIETY OF LOUISVILLE.

A society has been organized by the physicians of Louisville, of which we expect to make frequent mention. Its meetings will afford much material for our Journal. The right spirit is felt by its members, and the society can not fail to exert the happiest influence upon the profession in this city.

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VELPEAU'S MIDWIFERY.

This is the fourth American edition of Velpeau's midwifery, translated by Prof. Meigs, embracing additions by the author, and a history of the obstetric art, which add much to the interest and value of this popular treatise. The first edition appeared more than twenty years since, and the fact that another is now demanded, after the lapse of so much time, is the best proof of the substantial excellence of the work. Velpeau is one of the masters of our profession. The remark of Dr. Meigs, that he "stands scarcely second to any physician in Europe," remains still as true as when it was made many years ago. This edition of his treatise is published by Lindsay and Blakiston, who have bestowed ample care upon its mechanical execution. Prefixed to it is a very full table of contents, which for reference will be found of the utmost convenience. The illustrations are numerous and truthful. In a word, it is what it professes to be, a *complete* treatise on midwifery.

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DUNGLISON'S MEDICAL DICTIONARY.

We have received from the publishers a copy of this valuable dictionary, which has reached the eighth edition. It was a valuable work at the start, and each reprint has been improved as well as enlarged. We assure any reader who may not have examined it that he could not possess himself of a more useful medical lexicon.

### NEIL AND SMITH'S COMPENDIUM OF MEDICINE.

We often hear the remark, "this is a wonderful age." It is an age of books, and especially of books for the young. How astonishingly are the juvenile publications multiplied; and not more increased in number than improved in quality. And, in our profession, how changed are things since the days of the pupilage of our fathers. The ponderous tomes have disappeared. There is now no committing Cheselden, Innis, or Cullen to memory. No long years of poring over the drowsy pages of Van Swieten and Boerhaave. Hippocrates, Galen, and Dioscorides stand neglected on the shelves of public libraries. Even Haller, Whytt, Cullen, Brown, and Darwin have yielded to youthful rivals, and a "compendious" generation of books has taken the place of the laborious systems of a by-gone age. We travel along the highways of learning by steam; professional knowledge is communicated by telegraph. For ourselves, we applaud the change; we confess we have no superstitious veneration for the *tempores acti*. Our conviction is deep and strong, that medical students were never favored before as are they of the living present time. The authors of this compend have rendered them a great service. It will prove a boon to them on the eve of their examination.

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### AMERICAN MEDICAL ASSOCIATION.

For the article with this caption we are indebted to John C. Darby, M. D., of Lexington. It is hardly so much a review as an original essay on various practical topics. Dr. D. promises us similar favors hereafter.

We have not received the proceedings of the last meeting of the Association, and presume we shall not, only enough copies having been preserved from the flames to supply subscribers.

The next meeting of the Association is to be held at Richmond, and will take place on the first Tuesday in this month. There is reason to expect that the meeting will be large and the proceedings interesting. Valuable reports may be looked for from the several committees. A number of delegates will be present from this city, from some of whom we hope to receive an early account of the meeting.

### GRAHAM'S CHEMISTRY.

A new edition of this able work is issuing from the press of Blanchard & Lea, to which the American profession is so largely indebted. One half has appeared and forms a volume of 430 pages. No English chemist ranks higher than Prof. Graham, and his work is one of the most lucid and philosophical that can be placed in the hands of a student. The publishers are doing their part well; they are sending it forth in the best style. Every physician, at least every physician who receives students into his office, must occasionally refresh his memory in this progressive science, and we could not refer them to any work in our language superior to Graham's chemistry.

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### AMERICAN MEDICAL SOCIETY IN PARIS.

It will be seen from the following circular that the American physicians in Paris have organized a society for professional improvement. Such a society must prove highly beneficial to the many Americans pursuing their studies in the French capital. We take it for granted that all the medical journals published by their brethren will be forwarded to the society for their use.

CIRCULAR.

PARIS, (France,) January 10th, 1852.

At a recent meeting of the American Physicians in Paris, an Association was established, whose object is the promotion of Medical Science, This Association, essentially national, is now progressing under the most favorable auspices; it is intended to be permanent in its nature, and is designated the *American Medical Society in Paris*.

Notwithstanding the vast advantages afforded by the French Metropolis, for the study of Medical and Surgical Science, we feel ourselves isolated from our national medical literature, and, therefore, appeal confidently to the conductors of American periodicals and Journals.

We do this with the less hesitation, feeling assured, that it will be not only a medium of improvement to ourselves, but a means of a more general diffusion and just appreciation of American literature.

By order of the Society,

ALEXANDER J. SEMMES, M. D.,

Cor. Sec'y of the American Medical Society in Paris.

N. B. Editors of secular and professional journals will confer a favor by copying the above Circular.

BIDDLE'S REVIEW OF MATERIA MEDICA.

This little work was prepared for the use of students, but the practitioner will find it convenient for reference. It is an admirable summary of Materia Medica, and to the student will prove a very useful handbook. Valuable as are the *United States Dispensatory* and *Pereira's Materia Medica*, they are far too volumnious to be used profitably as text-books. Dr. Biddle's "Review" is just such a manual as the student wants to recall the chief points of the lectures to which he has attended.

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MEDICAL STUDENTS' VADEMECUM.

This work is of the same character as the Compend of Drs. Neil and Smith, and is of established reputation, having passed to the third edition. Its accomplished author, Dr. Mendenhall, enriches each successive edition with the improvements in all the departments of medical science.

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*State of Medical Science and of the Medical Profession in America.*—The great American Republic is claimed exultingly by Professor Henderson as the land of Homœopathy; and, as is well known, from that territory another Professor levies a large revenue for his pills and ointment. There too, in her "office" at New York, flourishes, as a consulting physician, Elizabeth Blackwell, M. D., "that unwomanly lady;" and there, in truth, quackery is rampant in its most subtile as well as in its grossest forms. There, till lately, the medical profession was in a chaotic state, and the line between regular and irregular practitioners was ill-defined; but a better era has now commenced. A vast effort is being made throughout the Union to raise the standard of medical character and medical education; and a sound ethical spirit is everywhere manifesting itself.—*London Journal of Medicine.*

# METEOROLOGICAL TABLE,

FOR THE MONTH OF MARCH, 1852.

BY LAWRENCE YOUNG, ESQ.

| Day of month, | Morning, | 2 o'clock, P. M., | Evening, | Mean temperature, | Barometer, | Rain-guage, | Course of wind, | Remarks. |
|---|---|---|---|---|---|---|---|---|
| 1 | 35 | 68 | 63 | 55 | 29.07 | | e. | Variable. |
| 2 | 32 | 42 | 35 | 36 | 29.22 | | n. n. w. | Cloudy. |
| 3 | 26 | 47 | 45 | 39 | 29.58 | | e. | Clear. |
| 4 | 40 | 47 | 48 | 45 | 29.32 | 1.10 | e. | Cloudy. |
| 5 | 57 | 57 | 52 | 55 | 29.18 | 1.09 | calm. | Do. |
| 6 | 37 | 49 | 44 | 43 | 29.21 | 07 | n. e. | Variable. |
| 7 | 34 | 53 | 49 | 45 | 29.29 | | n. n.e. | Do. |
| 8 | 52 | 70 | 53 | 58 | 29.17 | 82 | s. s. w. | Do. |
| 9 | 64 | 48 | 45 | 52 | 28.93 | 24 | swly. | Cloudy. |
| 10 | 38 | 50 | 45 | 44 | 29.27 | | n. e. | Do. |
| 11 | 37 | 67 | 61 | 55 | 29.27 | | calm. | Variable. |
| 12 | 59 | 63 | 60 | 61 | 29.30 | | s. s. w. | Cloudy. |
| 13 | 58 | 73 | 71 | 67 | 29.14 | | s. w. | Do. |
| 14 | 63 | 69 | 60 | 61 | 28.94 | | swly. | Variable. |
| 15 | 38 | 61 | 51 | 50 | 29.10 | | calm. | Clear. |
| 16 | 43 | 70 | 60 | 58 | 29.07 | | w. | Do. |
| 17 | 37 | 31 | 27 | 32 | 28.91 | 13 | n. n. w. | Cloudy. |
| 18 | 12 | 36 | 29 | 26 | 29.21 | | w. | Clear. |
| 19 | 17 | 32 | 24 | 24 | 29.35 | | wly. | Variable. |
| 20 | 13 | 33 | 32 | 26 | 29.37 | | w. s. w. | Do. |
| 21 | 34 | 45 | 35 | 38 | 29.10 | | s. s. w. | Cloudy. |
| 22 | 24 | 49 | 43 | 39 | 29.— | | swly. | Variable. |
| 23 | 37 | 45 | 35 | 39 | 28.89 | | n. n. w. | Do. |
| 24 | 42 | 61 | 55 | 53 | 28.74 | | s. s. w. | Do. |
| 25 | 36 | 79 | 70 | 62 | 28.90 | | w. | Do. |
| 26 | 65 | 82 | 58 | 68 | 28.90 | 56 | s. w. | Clear. |
| 27 | 39 | 41 | 39 | 40 | 29.12 | | n. | Cloudy. |
| 28 | 38 | 55 | 53 | 49 | 29.16 | | e. | Do. |
| 29 | 57 | 76 | 70 | 68 | 29.09 | | s. s. w. | Variable. |
| 30 | 61 | 71 | 69 | 67 | 29.02 | | s. s. w. | Cloudy. |
| 31 | 37 | 48 | 41 | 42 | 28.92 | 67 | w. s. w. | Variable. |
| | | | | 48.4 | | 4.59 | | |